


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 OCT -9 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership CYPRESS FINANCIAL LIMITED		1a. DOCUMENT # A22517 <i>98-AR CM</i>	
Mailing Address 5900 N. ANDREWS AVENUE SUITE 627 FT. LAUDERDALE FL 33309		Principal Office Address 5900 N. ANDREWS AVENUE SUITE 627 FT. LAUDERDALE FL 33309	
2. Mailing Address Not Applicable		2a. Principal Office Address Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	



3. Date Formed or Registered 05/08/1986	5a. Capital Contributions as Shown on record. \$29,000,500.00
3a. Date of Last Report 11/12/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation TX	
6. FEI Number 76-0188901	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent DOWNEY, STUART D 5900 N. ANDREWS AVENUE SUITE 627 FT. LAUDERDALE FL 33309	10. If changed, new Registered Agent/Office Name Not Applicable Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Not Applicable

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
REO HOLDING COMPANY	100 KERRY ST., STE. 101 California Street 26th Floor	SAN FRANCISCO CA 94110 San Francisco, CA 94111-5853	F83000001293 600002317926--4 -10/10/97--01102--020 ****541.25 ****541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE By: *Paula M. Ferkull*
REO HOLDING COMPANY, General Partner

Paula M. Ferkull, Treasurer

DATE 09/24/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(312) 266-9300

CR2E003 (6/97)