

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN -2 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/20

1. Name of Limited Partnership	1a. DOCUMENT # A97000002219
LMX FINANCIAL SERVICES, LTD.	

Mailing Address  P. O. BOX 199000 DALLAS, TX 75219	Principal Office Address  2728 N. HARWOOD DALLAS, TX 75201
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country

3. Date Formed or Registered 10/14/97	5a. Capital Contributions as Shown on record.  49,990.
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date. \$49,990
4. State or Country of Formation FLORIDA	
6. FEI Number 75-2730696	<input type="checkbox"/> Applied For <input checked="" 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  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. # etc. City
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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) \_\_\_\_\_ 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
CTX MORTGAGE VENTURES CORPORATION	2728 N. HARWOOD	DALLAS, TX 75201	F95000001162

**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 Richard C. Harvey DATE 12/29/97  
RICHARD C. HARVEY, ASSIST. VICE PRESIDENT - CTX MORTGAGE VENTURES CORP.  
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number (214) 981-5000

CR2E003 (6/97)