## FILE ON CR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A97000002219

SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED

98 DEC 24 PM 2: 15

LMX FINANCIAL SERVICES, I	TD. GG-AF		
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
PO BOX 199000	2728 N. HARWOOD	10/14/1997	\$49,990.00
DALLAS TX 75219	DALLAS TX 75201	3a. Date of Last Report	Ψ <del>4</del> 3,330.00

2. Mailing Address	2a. Principal Office Address	· · · · · · · · · · · · · · · · · · ·	01/02/1998  4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: #49,900.00
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		6. FEI Number 75-2730696	Applied For Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired	\$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		10. If changed, new Registered	d Agent/Office

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CORPORATION SERVICE COMPANY	Name
1201 HAYS STREET	Street Address (P.O. Box Number Is Not Acceptable)
TALLAHASSEE FL 32301-2525	Suite, Apt. #, etc.
	FL Zip Code

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

\*\*\*\*438.68

## 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 CORPOR	2728 NORTH HARWOOD	DALLAS TX 75201	F95000001162
			3493
1		9000027	510396 9901014005

'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	Terret &	Luck	DATE_	12/21/93
Typed or Printed Name of General Partner So	njva Form	ANET ERICKSON	Daytime Telephone Number_	214-981-5000

\*\*\*\*438.68

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## LMX FINANCIAL SERVICES, LTD.

2728 NORTH HARWOOD STREET DALLAS, TEXAS 75201

December 21, 1998

Florida Division of Corporations Attn: Registration Sec., P.O. Box 6327 Tallahassee FL 32314-6327



Gentlemen:

Enclosed are the following return(s):

Return: FL L.P. Annual Report

Period: 1999

Payment: \$ 438.68

Check Number: 3359

Very trally yours.

Enclosures

TAX DEPT: LJH

U.S. POSTAL SERVICE CERTIFICATE OF MAILING Affix postage and

Received From:

LMX FINANCIAL SERVICES, LTD.

postmark. Inquire of Postmaster for postage

P.O. BOX 199000

DALLAS, TEXAS 75219

One piece of ordinary mail addressed to: Florida Division of Corporations

Attn: Registration Sec., P.O. Box 6327

Tallahassee

FL 32314-6327

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FOR INSURANCE --POSTMASTER

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