

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT #** A97000002739  
**1. Entity Name**  
 CRB TRUST MORTGAGE, LTD.

**Principal Place of Business** 2728 NORTH HARWOOD DALLAS TX 75201  
**Mailing Address** P.O. BOX 199000 DALLAS TX 75219-9000



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.  
**City & State**  
**Zip** **Country**

**4. FEI Number** 75-2739191  
 Applied For:  Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**  
**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$50,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** 24,995.00

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F95000001162
NAME	CTX MORTGAGE VENTURES CORPORATION
STREET ADDRESS	2728 NORTH HARWOOD
CITY - ST - ZIP	DALLAS TX 75201
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	300003284523-9
CITY - ST - ZIP	-05/12/00--01029--024 ****263.72 ****263.72
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **4/26/00** **214/981-5000**  
 Date Daytime Phone #