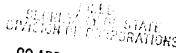
FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**



99 APR - 1 PH 3: 32

1. Name of Limited Partnership	1a. DOCUMENT# A9800000093		2 16 BY 651 6610 16162 16111 66111	OCIII ODIN OCH DEN ODNI DEN ODIN JENE NA 1881
ALLIED HOME MORTGAGE, LT	1 1001011 1510 15100 15111 88111			
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
444 BRICKELL AVENUE. SUITE 601	MAMI FL 33131		01/05/1998	\$10,000.00
MIAMI FL 33131			3a. Date of Last Report	FL.
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address One S.E. 3rd Avenue		FL	\$ 25,000.00
One S.E. 3rd Avenue Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
15th Floor City & State	15th Floor City & State		65-0801879	No! Applicable
Miami, F1.	Miami, Fl. Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
33·131 Dade	33131	Dade	8. Make theck payable to Dept of S	itate (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
MIAMI FL 33131 Suite, Apt #. e				
		Street Address (P.O. Box Number Is Not Acceptable)		
		<u>FL</u>		
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. (Do NOT Use Post Office Box Numbers)		1b. Cily. State & Zip Code	11c. Registration/ Document Number
ALLIED HOME MORTGAGE, L.C. n/k/a	444 BRICKELL AVENUE,		MIAMI FL 33131	L9700000838
HOME MORTGAGE MANAGEMENT, L.	C. 		©©©©©© -04/07 -14442	#325207 79901089012 83.75 ****263.75
			pk	65-13 mmm200-10
			4/1/99	
MAY NOT L				

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

12, 1 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 1 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 \$20, Florida Statutes

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Michael Kaplan

305-377

Daytime Telephone Number