

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 JUL 19 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**



04202004 Chg-LP CR2E003 (10/03) 7/19

4. FEI Number **20-0116185** Applied for ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOCUMENT # B03000000203**

1. Entity Name  
**WINFIELD AFFILIATED MORTGAGE, L.P.**



Principal Place of Business  
**2728 N. HARWOOD  
DALLAS, TX 75201-1516**

Mailing Address  
**2728 N. HARWOOD  
DALLAS, TX 75201-1516**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$31,493.70**

10. Amount of Capital Contributions in FLORIDA to date. **\$31,493.70**

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M01000002724**  
NAME **CTX MORTGAGE VENTURES, LLC**  
STREET ADDRESS **2728 N. HARWOOD**  
CITY-ST-ZIP **DALLAS, TX 752011516**

STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Janet Erickson*

**Janet Erickson**

**4/27/04**

**(214)981-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE