



CAPITOL CORPORATE SERVICES, INC.

B92000000050

April 7, 1997

FLORIDA DEPARTMENT OF STATE
P. O. Box 6327
Tallahassee, FL 32314

FILED 11 APR 10 1997
104/110/11-110/11-110/11
*****35.00 *****35.00

Attn: Corporate Filing Dept.

Re: EAGLE CAPITAL MORTGAGE, LTD.

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 1203 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Lundgren

Delanie Lundgren

enclosures

RECEIVED
DIVISION OF CORPORATE REGISTRATION
97 APR 10 PM 12:08
TLL APR 14 1997

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Texas, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. EAGLE CAPITAL MORTGAGE, LTD.
Name of the limited partnership

2. 12/10/92 3. B92000000050
Date of filing/registration in Florida Document number assigned

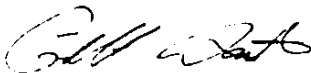
4. The name and address of the present registered agent and office:

Jennifer Jones
529 S. Parsons, Suite 1316
Brandon, FL 33511

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, FL 32301

Such change was authorized by the general partners.

 (President)
Signature of General Partner

4/4/97
Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

 asst sec.
Registered Agent signature

4-1-97
Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 10 PM 12:08