

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 MAR 14 PM 3:29



1. Name of Limited Partnership	1a. DOCUMENT # B95000000149
THE HOME MORTGAGE NETWORK, LIMITED PARTNERSHIP	

Mailing Address 565 LAKEVIEW PARKWAY, SUITE 210 VERNON HILLS IL 60061		Principal Office Address 4200 ORANGE STREET WILMINGTON DE 19801		3. Date Formed or Registered 04/26/1995	5a. Capital Contributions as Shown on record. \$200,000.00
2. Mailing Address		2a. Principal Office Address 565 Lakeview Parkway Suite 210 Vernon Hills IL 60061 USA		3a. Date of Last Report 10/09/1995	
Suite, Apt. #, etc.		City & State		4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date: 209000.00
City & State		Zip		6. FEI Number 36-3998469	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country		Country		7. Certificate of Status Desired	<input type="checkbox"/> \$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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
THMN, INC.	565 LAKEVIEW PARKWAY,	VERNON HILLS IL 60061	F95000001589
<p align="right"> 3-14 500002114275--0 -03/17/97--01006--002 ****576.25 ****576.25 </p>			

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 *The Home Mortgage Network, Limited Partnership*
By: *Tony M. Cordern* *General Partner* *Tony M. Cordern* **DATE** *3/13/97*
By: *Tony M. Cordern* *Vice President* *Tony M. Cordern*
Typed or Printed Name of General Partner Signing Form *Tony M. Cordern* Daytime Telephone Number *847-247-6100*