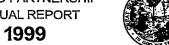
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

98 DEC 28 PM 1: 09

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1. Name of Limited Partnership		1a. DOCUMENT # B9700000540		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
NEW DIMENSION FINANCIAL SERVICES, L.P.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 199000 DALLAS TX 75219	2728 N. HARWOOD DALLAS TX 75201			\$49,990.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State	City & State			
Zip Country	Zip	Country	7. Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620,10: for the purpose of changing its registered offic agent, I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment		ed limited partnership orga ida. Such change was au	anized or registered under the laws of the horized by its general partner(s). I hereby DATE_	State of Florida, submits this statement y accept the appointment of registered	
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 B	al Partner ox Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
CTX MORTGAGE VENTURES CORPO	•	_	LLAS TX 75201	F95000001162 (86/8) E003230	
			800002 -01/21 ****1	100 DIOID 010 L	
Ness Conord portnors MAV N	OT he changed on this form	ni an amondm	ant must be filed to abo	ungo a gonoral partner	
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 eath. 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	within a.		DATE	12/21/98	

SIGNATURE

Typed or Printed Name of General Partner Signing Form

ERICKSON

Daytime Telephone Number

214-981-5000