

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000443

1. Entity Name
DARDEN FINANCIAL SERVICES, L.P.

Principal Place of Business **Mailing Address**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
100 MAY -1 PM 1:33

2. Principal Place of Business **3. Mailing Address**

2728 N HARWOOD P.O. BOX 199000

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **TX** **DALLAS** **TX**

Zip **75201** **Country** **75219** **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number **75-2848315** **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**

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS ST

City: TALLAHASSEE FL Zip Code: 32301

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.

SIGNATURE **DATE**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$50,000.00** **10. Amount of Capital Contributions in FLORIDA to date.** **\$24,995**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # | F95000001162 | STREET ADDRESS | |
| NAME | CTX MORTGAGE VENTURES CORP. | CITY-ST-ZIP | |
| STREET ADDRESS | 2728 N HARWOOD ST | | |
| CITY-ST-ZIP | DALLAS, TX 75201 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| 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** **4/28/00** **(214) 981-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** **Daytime Phone #**

CR2E003 (9/93)