LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000443

1. Entity Name

DARDEN FINANCIAL SERVICES, LP

FILED

2004 MAY 13 P 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2728 NORTH HARWOOD ST	PO BOX 199000
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DALLAS, TX	City & State: DALLAS, TX
Zip: 75201 Country:	Zip: 75219 Country:

DUE BY MAY 1

4. FEI Number 75-2848315 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

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.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
50,000.00	31,494	

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

DOCUMENT #	M01000002724	STREET ADDRESS	
NAME	CTX MORTGAGE VENTURES, LLC	CITY-ST-ZIP	
STREET ADDRESS	2728 NORTH HARWOOD ST		
CITY-ST-ZIP	DALLAS, TX 75201		
DOCUMENT #		STREET ADDRESS	300036277983
NAME		CITY-ST-ZIP	05/13/04 01075 015 **361.71
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$30.00 - 21 - AR

STAPLE CHECK HERE

CR2E003B (12/01)

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: _____ ASST. VICE PRESIDENT 5/3/04 214-981-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #