
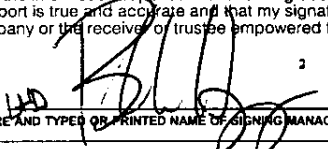


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90033 015 \*\*\*500.00

<b>DOCUMENT # M01000000545</b>					
<b>1. Entity Name</b> CTX MORTGAGE COMPANY, LLC					
<b>Principal Place of Business</b> 2728 N. HARWOOD DALLAS, TX 75201			<b>Mailing Address</b> PO BOX 199000 DALLAS, TX 75219		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 75-2921942	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARTOSH, TIMOTHY M 2728 N. HARWOOD DALLAS, TX 75201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECHOLS, LEDON E 2728 N. HARWOOD DALLAS, TX 75201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, JOHN L 2728 N. HARWOOD DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NARYKA, WILLIAM B 2728 N HARWOOD DALLAS, TX 75201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b>  <b>AST.VP.</b> <b>4/21/2006</b> <b>214-981-5000</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

ATTACHMENT  
40088436  
CTX MORTGAGE COMPANY, LLC  
2728 NORTH HARWOOD STREET  
DALLAS, TEXAS 75201

4/20/2006

Division of Corporations  
P.O. Box 6478

Tallahassee FL 32314

CERTIFIED MAIL # 7005 0390 0004 6900 8269

Gentlemen:

Enclosed is the following :

Return: FL LLC Annual Report

Period: 2006 Annual Report

Amount: 50.00

Very truly yours,

*BK 4/21/06*  
*Rachana V.*

Enclosures

TAX DEPT RV

MAILING ADDRESS: P.O. BOX 199000 DALLAS, TEXAS 75219