

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90209 018 \*\*\*\*50.00

**DOCUMENT #** M01000002724

1. Entity Name

CTX MORTGAGE VENTURES, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2728 N. HARWOOD ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 199000

Suite, Apt. #, etc.

City & State

DALLAS, TX

City & State

DALLAS, TX

Zip

75201

Country

Zip

75219

Country

4. FEI Number

75-2956115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

937088

**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, SUITE 105

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
TIMOTHY M. BARTOSH  
2728 N. HARWOOD ST  
DALLAS, TX 75201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
JOHN L. MATTHEWS  
2728 N. HARWOOD ST  
DALLAS, TX 75201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
TODD L. SALMANS  
2728 N. HARWOOD ST  
DALLAS, TX 75201

TITLE  
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11. 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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

(214) 981-5000

Daytime Phone #

CR2E083B (12/01)