

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_

1. ID No.		2 PRINTED IN BIACK) 2. Exact name of the limited liability company							
_118389	CENTEX HOME FOURTY	EX HOME EQUITY COMPANY, LLC.							
3. State of Formation			ss which is actually conducted in Rho	sde Island					
DELAWARE	FINANCIAL SE	RVICES							
5. Principal office addre	TS		City	State	Zip				
2728 N. Harwood Street			Dallas	Texas	75201				
6. MAILING ADDR	ESS OF LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	T PERSON:	,				
Contact Name			Contact Title						
<u>Blake E</u>	Huggins		: Assistant Vice President						
Street Address	J J		Gity	State	Zip				
2728 N	. Harwood S	keet	Dallas		7520)				
7. NAME AND ADD			IABILITY COMPANY, IF API						
<b>A</b> 3			TTACHMENTS ("X" BOX F S FILING OF AMENDMENT, I		/ 7 16 62				
Manager Name	T MODIFICATIONS TO	MANAGERS REQUIRES	:	K.J.G.E. 7-10-72 (1) (2)	7 7-10-52				
A a Ha A sa	11 7.22		Manager Name						
<u>CCF FF TUFU</u>	1 H BARD		Leldon E. Echols						
Sirvei Address	1100,000	alacal	Street Address	Harwood 3	Slagal				
<u> </u>	State	Street	2128 N.	State	J+KCCT				
DALIAS	ľΤ̈́X	75201	Dallas	TX	75201				
LAY.N.SYND Manuger Name	······································		Manager Name	Manager Name					
•									
Sirvei Address			Street Address						
<del> </del>									
CHy	State	Ζφ	City	State	Zφ				
R DESIDENT ACES	NT IN BUODE 161 AND	O NOT ALTER Char		. 642 . B.I.C. 1. 7.16.11	I				
o. RESIDENT AGE: Agent Name	41 IN KNODE ISLAND - I	O NOT ALEEK - CHAI	nges require filing of Form	092 · K.I.G.L. /-10-11					
•									
CORPORATION SER	VICE COMPANY			<b>T</b> .					
Address			City	Zip					
	222 JEFFERSON BOULEVARD, SUITE 200			WARWICK 02888-					

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

*118389*	Under penalty of perjury, I declare and a including any accompanying schedules a
11.03.05 File Date9545	contained herein are true and correct.
By: FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Hersyn  Blake F. Hugain  Print or Type Name of Authorized Verson



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 118389 CENTEX HOME EQUITY COMPANY, LLC. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL SERVICES **DELAWARE** 5. Principal office address State City Zip 2728 NORTH HARWOOD STREET DALLAS 75201-TX 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JANET ERICKSON Street Address City State Zio 2728 NORTH HARWOOD STREET . DALLAS TX 75201-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (Z) / 7-16-52 Manager Name · Manager Name Anthony H. Barone Leldon E. Echols Street Address Street Address 2728 N Harwood Street .2728 N Harwood Street City State Zip ·City State Zip Dallas Texas 75201 Dallas 75201 Texas Manager Name Manager Name Street Address ·Street Address State Cirv City Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.L.GL. 7-16-11 Agent Name Address CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 Address Ciry Zip WARWICK 02888-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



*118389	FLLC 10/05/04 12:35:36 PM*
File Date_	10 18 04
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В <u>у:</u>	<b>D</b> ,
FOR SECR	LETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

Janet L. Erickson

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TY	PED OR PRINT	ED IN BLAC	(K)						
1. 1D No. 118389		tame of the limited liabilty company  EX HOME EQUITY COMPANY, LLC							
3. State of Formation	4. B	rief descriptio	on of the character of the b	siness which is actually conducted in Rhode Island					
Delaware	Delaware Pinancial Services								
5. Principal office ad	dress			City	State		Zip		
2728 N Harwood Street			Dallas	Dallas Texas		75201			
6. MAILING AD	DRESS OF L	IMITED L	IABILITY COMPAN	YAND NAME OR TIT	LE OF CONTACT I	ERSON:			
Contact Name	•			Contact Title			·		
Janet Ericks	on			.Assistant Vi	ce President				
Street Address	•			City	State		Zip		
2728 N Harwood Street				Dallas	Texas		75201		
7. NAME AND A	, , , , , , , , , , , , , , , , , , ,	FILL IN SPA	CES BEFORE USING	IMITED LIABILITY C ATTACHMENTS ("X" B LES FILING OF AMENDME!	OX FOR ATTACHMENT		and the second		
Manager Name				• Manager Name					
Anthony H. B	arone			Leldon E. Echols					
Street Address				Street Address					
2728 N Harwo	od Street			. 2728 N Harwood Street					
City	State	2	Zip	*City	State		Zip		
Dallas	Те	xas	75201	Dallas	Texas		75201		
Manager Name			•••••	Manager Name		• • • • • •			
Street Address				Street Address					
City	State	<u>.</u>	Zip	City	State		Zip		
8. RESIDENT AG	ENT IN RHOD	E ISLAND	-DO NOT ALTER- Cha	inges require filing c	of Form 642 - RJ.G.	7-16-11	<del>'</del>		
Agent Name			-	Address		·			
CORPORATION	N SERVICE (	COMPAN	<b>Y</b>						
Address			· <del></del>	City	Zip				
170 WESTMINS	TER STREET	r, suite	900	PROVIDENCE 02903					
				•					

This report must be signed in ink by an authorized person pursuant to 7-16-66.

	9-2203
File Datc	7220
Check No.	7227
Ву:	a

Under penalty of perjury, I declare and afthis report, including any accompanying and that all statements contained herein a	schedules and statements,
- Heit Couhin	8/21/03-
Signature of Authorized Person	Date
Janet L. Erickson	
Print or Time Name of Authorized Person	



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Septen (FORM MUST BE TYPE)			· <del>=</del>	0.00							
1, ID No. *118389*	2. Exact	name of the limited liability company EX HOME EQUITY COMPANY, LLC.									
3. State of Formation 4. Brief description of the character of the bus				business which is actually con	nducted in Rhode Island						
DELAWARE Financial Services											
5. Principal office addres	i3			City	City State Zip						
2728 N	Harwo	od Street		Dallas	Texas	75201					
6. MAILING ADDR	ESS O	FLIMITED'L	ABILITY COMPA	NX AND NAME OR TI	TLE OF CONTACT P	ERSON:					
Contact Name				Contact Title	······································						
JANET A	Ern	Kso~		· A557	· ASST. VILE PRESIDENT						
Street Address P.O. BOX 199000				City DALLAS	State TX	Zip 75219-9000					
	:	FILL IN SPA	CES BEFORE USING	LIMITED LIABILITY ( ATTACHMENTS ("X" IRES FILING OF AMENDMI	BOX FOR ATTACHMENT						
Manager Name				· Manager Name							
Anthony	H. B	arone		•	Leldon E. Echols						
Street Address			<del></del> - ·	* Street Address							
2728 N	Harwo	od St		: 2728 N	: 2728 N Harwood St						
City State Zip Dallas TX 75201 Manager Name			*City State Zip Dallas TX 75201 *Manager Name								
Street Address				*Street Address							
City		State	Zip	City	State	Zip					
8. RESIDENT AGEN	I IN RE	ODE ISLAND	DO NOT ALTER- Ch	anges require filing	of Form 642 - R.I.G.I	7-16-11					
Agent Name				Address							
CORPORATION S	SERVIC	E COMPANY	•	170 WESTMIN	170 WESTMINSTER STREET, SUITE 900						
Address		<del></del>	<del></del>	City		Zip					
			PROVIDENCE		02903-						
·											

This report must be signed in ink by an authorized person pursuant to 7-16-66.

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*118389 FL	LC8(15/	02	11:	47:5	51 A	M*		
File Date	8-	=	C	) - (	م ک	<u></u>		-
Check No.		(	/ 0	1	^	4	, _	/

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

of Authorized Person

Janet L. Erickson

Print or Type Name of Authorized Person