

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90074 033 ****50.00

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DOCUMENT # M00000000853

1. Entity Name
WESTFIELD HOME MORTGAGE, LLC

Principal Place of Business

5100 W. LEMON ST., STE 308
 TAMPA FL 33609-0001

Mailing Address

1 HOME CAMPUS, MAC X2401-049
 DES MOINES IA 50328-0001

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2531174**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE Delete
 NAME **MGRM WELLS FARGO HOME MORTGAGE DBA WELLS FARGO**
 STREET ADDRESS **1 HOME CAMPUS, MAC X2401-049**
 CITY-ST-ZIP **DES MOINES IA 50328-0001**

TITLE Delete
 NAME **MGRM WESTFIELD HOMES USA, INC.**
 STREET ADDRESS **4300 W. CYPRESS ST., STE 980**
 CITY-ST-ZIP **TAMPA FL 33607**

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10. ADDITIONS / CHANGES

TITLE Change Addition
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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]* **SIGNATURE REQUIRED** WELLS FARGO HOME MORTGAGE, LLC 4/22/02 515-213-7559
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)