


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -3 AM 10:40

DOCUMENT # M00000000853 1. Entity Name WESTFIELD HOME MORTGAGE, LLC	
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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
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DO NOT WRITE IN THIS SPACE

OP



04212005No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2531174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS FARGO VENTURES, LLC 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 503280001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTFIELD HOMES USA, INC. 4300 W. CYPRESS ST., STE 980 <i>5100 W. LEMON ST. 308</i> TAMPA, FL 33607 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/29/05-90059-021-\$50.00

**DO NOT WRITE
IN THIS SPACE**

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, in 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: *Robert Scallan* *4/22/05* *315-213-7559*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Robert Scallan - Agent Member