

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 29 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business 5100 W LEMON STREET Suite, Apt. #, etc. STE 308 City & State TAMPA, FL Zip 33609 Country USA	3. Mailing Address 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA Zip 50328 Country USA
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DO NOT WRITE IN THIS SPACE

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

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	
City TALLAHASSEE	Zip Code FL 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. 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.

	FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	TITLE	
NAME	WELLS FARGO VENTURES, LLC	NAME	
STREET ADDRESS	1 HOME CAMPUS, MAC X2401-049	STREET ADDRESS	
CITY - ST - ZIP	DES MOINES, IA 50328	CITY - ST - ZIP	
TITLE	MGRM	TITLE	
NAME	WESTFIELD HOMES USA, INC.	NAME	
STREET ADDRESS	4300 W CYPRUS ST., STE 980	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33607	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: Robert Scallon ROBERT SCALLON-AVP 4/25/03 515-213-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (1/2/02)