


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001310 1. Entity Name AMERICAN PRIORITY MORTGAGE, LLC	
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Principal Place of Business 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328-0001	Mailing Address 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328-0001
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04202004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 72-1459489	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 INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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, 2004**

U00000136069
04/28/04-80081-003 50.00

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 50328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEEKLEY HOMES, LP 1111 N. POST ROAD HOUSTON, TX 77055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Robert Scallen Robert Scallen-APP 4/26/04 515-213-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #