LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

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2. Principal I	Place of Business	3. Mailing Address					
	ELLS FARGO WAY	1 HOME CAMP	15				
Suite, Apt		Suite, Apt. #, etc.					
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•	POLIS, MN	DES MOINES,	IA	1	42-1520259	 	Not Applicable
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55408	USA		ISA		5. Certificate of Status Desired		uired - == =
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	*		COR	PORA	TION SERVICE COMPA	ANY	1
	•		Street A	Street Address (P.O. Box Number is Not Acceptable)			
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	e named entity submits this statement of the obligations of registered agent.	for the purpose of changing			gistered agent, or both, in the State of Flo		
							}
SIGNATURE	Signature, typed or printed name of registe	ared econt and title if applicable				DATE	
	Signature, typed or printed frame or registr					DATE	
		Make Check Payable	EE IS \$50.00 to Florida De JE BY MAY 1	2	nt of State		13
9.	MANAGING MEMBER	<u> </u>		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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NAME	UBS PAINEWEBBER MORTGAG	E HOLDINGS, LLC.	NAME				
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		and marked to the mark the second of			Section 110 07(3\fi) Florida Statutos 1f		. 45 - 445 -

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.

S	IGN	ATI	JRE	:

Laht & In

ROBERT SCALLON-AVP

4/25/03

<u>515-213-7559</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #