

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
03 APR 29 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001399 1. Entity Name PPM MORTGAGE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA Zip 50328 Country USA	3. Mailing Address 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA Zip 50328 Country USA
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1520698	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	FL	Zip Code 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 _____
-----------------	------------

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

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	400017303794 04/29/03--01050--012 **50.00
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	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>AK</i>	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		TITLE NAME STREET ADDRESS 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: <i>Robert Scallon</i>	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 #

CR2E063B (12/02)