

Amended
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 16 AM 8:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M01000002601**

1. Entity Name
TRG Financial, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2828 Coral Way

3. Mailing Address
1 Home Campus

Suite, Apt. #, etc.
Penthouse #2

Suite, Apt. #, etc.
MAC X2401-049

City & State
Miami, FL

City & State
Des Moines, IA

4. FEI Number
42-1526507

Applied For
 Not Applicable

Zip Country
33145 USA

Zip Country
50328 USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM
 NAME
Wells Fargo Home Mtg., Inc. dba Wells Fargo Ventures, LLC
 STREET ADDRESS
1 Home Campus
 CITY-ST-ZIP
Des Moines, IA 50328

TITLE
 NAME
600005666296--2
 STREET ADDRESS
-06/03/02--01099--012
 CITY-ST-ZIP
*******50.00 *****50.00**

TITLE
MGRM
 NAME
TRG-WF, LLC
 STREET ADDRESS
2828 Coral Way, Penthouse #2
 CITY-ST-ZIP
Miami, FL 33145

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 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; 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 Scallion**

Date **4/22/02**

Daytime Phone # **515-213-7559**

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

Date

Daytime Phone #

Robert Scallion AUP Wells Fargo Home Mtg., Inc dba Wells Fargo Ventures, LLC

CR2E083B (12/01)