## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # M01000002601** 

RELATED FINANCIAL, LLC

SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAY 11 AM 9: 02

20050850

04-29-2005 90043 001 \*\*\*\*50.00

Principal Place of Business

Mailing Address

2828 CORAL WAY, PENTHOUSE 2 MIAMI, FL-33145

1 HOME CAMPUS MAC X2401-049

1 Home Campus, MAC X2401-049 DES MOINES, IA 50328

Des Moines, TA 50328



04202005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 42-1526507

Applied For Not Applicable

5. Certificate of Status Desired

4-22-05

515-213-7559

\$5.00 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent.	ging its registered of	lice or registered agent, or both, in the Stat	e of Florida. I am familiar with, and	d accept
\$IGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Ager	it signature required when rainstating)	DATE	_
Fi D	iling Fee is \$50.00 ue by May 1, 2005				_
9.	MANAGING MEMBERS/MANAGERS				
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS FARGO VENTURES, LLC 1 HOME CAMPUS, X2401-06T DES MOINES, IA 50328				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRG-WF, LLC 2828 CORAL WAY, PENTHOUSE 2 MIAMI, FL 33145				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby indicated	certify that the information supplied with this filling does not of don this report is true and accurate and that my signature sh	ualify for the exemption	on stated in Section 119.07(3)(i), Florida Sta al effect as if made under oath; that I am a	atutes. I further certify that the informanaging member or manager of	rmation of the

Robert Scallon-AVP of Member Wells Fargo Ventures, LLC

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