


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-14-2007 90221 047 ****55.00

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| DOCUMENT # M01000002601 | |  |
| 1. Entity Name RELATED FINANCIAL, LLC | | |
| Principal Place of Business 1 HOME CAMPUS MAC X2401-049 DES MOINES, IA 50328 | | Mailing Address 1 HOME CAMPUS MAC X2401-049 DES MOINES, IA 50328 |
| 2. Principal Place of Business - No P.O. Box # 2828 Coral Way | | 3. Mailing Address 2828 Coral Way |
| Suite, Apt. #, etc. 208 | | Suite, Apt. #, etc. 208 |
| City & State Miami, FL | | City & State Miami, FL |
| Zip 33145 | Country U.S.A | Zip 33145 |
| Country U.S.A | | Country U.S.A |
| 4. FEI Number 42-1526507 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | 7. Name and Address of New Registered Agent |
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | FL Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WELLS FARGO VENTURES, LLC <input type="checkbox"/> Delete 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input checked="" type="checkbox"/> Delete TRELCOM DEVELOPMENT LTD DBA TRG-WF, LLC 2828 CORAL WAY, PENTHOUSE 2 MIAMI, FL 33145 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | MGRM <input checked="" type="checkbox"/> Addition Related Financial, LLC 2828 Coral Way, Suite 208 Miami, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date 02/01/07 305-648-2775 Daytime Phone # |
| MANAGER | | |