2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # M02000000119



FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90077 025 ****50.00

1. Entity Nam PRIORIT		GAGE, LLC						01	20 20	012001	7 023	30.00
Principal Place 1 HOME CAN MAC X2401- DES MOINES	MPUS -049		Mailing Address 1 HOME CAMPUS MAC X2401-049 DES MOINES, IA 50328			1 18818611		I 38 (1) 63 (#		= 		
2. Principal P	Place of Busin	ness	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04202004	Chg-LL	c	CR2E08	33 (10/03)		
City & State			City & State				4. FEI Numb					oplied For ot Applicable
Zip		Country	Zip	ntry		5. Certificati	e of Status De	esired		5.00 Ad ee Require		
6. Name and Address of Current Registered Agent							7. Name an	d Address of	New Re	gistered A	gent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					Street A	Address (F	P.O. Box Numb	per is Not Acc	ceptable)			
	ŕ										1 77 - 0	
8 The above	named entit	hy cultimite this statement for	the purpose of changing its	rogistor	City	e cogietar	ad sasst ar b	ath in the Cto	to of Flor	FL	Zip Coo	
the obligat	tions of regist	tered agent.	the purpose of changing its	register	ea oilice o	i registeri	ed agent, or bi	out, iii ute ota	Les UI I IUI	iua. Tairi i	attillida writri,	and accept
SIGNATURE .	Signature, typed	d or printed name of registered agent a	and title if applicable. (NOTI	: Registere	d Agent signal	ture required	when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2004					•			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		check pa Departme		
9.		MANAGING MEMBER		10.				ADDI	TIONS/0	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete TIII WELLS FARGO VENTURES, LLC NA MAC X2401-06T, 1 HOME CAMPUS STI DES MOINES, IA 503280001						X 2401					Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOST TRI 2401 PGA PALM BE		-	Des	Moines	, <u>I</u> A		:48-0C	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				•				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					-			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							·	☐ Change	Addition
11. I hereby of indicated	certify that the	e information supplied with rt is true and accurate and t	this filing does not qualify for that my signature shall have	the exe	mption sta e legal effe	ted in Sec	otion 119.07(3) ade under oat	(i), Florida St h; that I am a	atutes. I i managii	further certi ng member	fy that the i	nformation er of the