

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000119

FILED
Jul 12, 2005
Secretary of State

Entity Name: PRIORITY MORTGAGE, LLC

Current Principal Place of Business:

1 HOME CAMPUS
MAC X2401-049
DES MOINES, IA 50328

New Principal Place of Business:

Current Mailing Address:

1 HOME CAMPUS
MAC X2401-049
DES MOINES, IA 50328

New Mailing Address:

FEI Number: 36-4486508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELLS FARGO VENTURES, , LLC
Address: MAC X2401-049, I HOME CAMPUS
City-St-Zip: DES MOINES, IA 503280001

Title: MGRM () Delete
Name: LOST TREE REALTY, IN, C.
Address: 2401 PGA BLVD., SUITE 196
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 SCALLON VP OF WELLS FARGO VENTURES, VP

07/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date