

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000119

Entity Name: PRIORITY MORTGAGE, LLC

FILED  
Jan 14, 2006  
Secretary of State

## 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 ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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: MGRM (X) Change ( ) Addition  
Name: WELLS FARGO VENTURES, , LLC  
Address: 1 HOME CAMPUS, MAC X2401-049  
City-St-Zip: DES MOINES, IA 503280001

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 Chapter 119, 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

01/14/2006

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