

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92178 008 \*\*\*\*50.00

<b>DOCUMENT #</b> M02000000119 1. Entity Name PRIORITY MORTGAGE, LLC	
<b>DO NOT WRITE IN THIS SPACE</b>	

2. Principal Place of Business 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA	3. Mailing Address 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4486508	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
-----------------------------	-------------------------------	---

Zip 50328	Country USA
Zip 50328	Country USA

<b>DO NOT WRITE IN THIS SPACE</b>	
7. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301-2525	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WELLS FARGO VENTURES, LLC MAC X2401-049, 1 HOME CAMPUS DES MOINES, IA 50328-0001	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOST TREE REALTY, INC. 2401 PGA BLVD., STE 196 PALM BEACH GARDEN, FL 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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 ROBERT SCALLON-AVP 4/25/03 515-213-7559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)