

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

FILED
03 APR 30 AM 10: 58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M02000000266
1. Entity Name ALTA HOME MORTGAGE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049	3. Mailing Address 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049
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DO NOT WRITE IN THIS SPACE

City & State DES MOINES, IA	City & State DES MOINES, IA
Zip 50328	Country USA

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

DO NOT WRITE IN THIS SPACE

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
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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 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600017563806 04/30/03--01055--016 **50.00
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CR2E083B (12/02)

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: <i>Robert Scallon</i>	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 #