

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

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000991	
1. Entity Name	
REAL LIVING MORTGAGE, LLC	
DO NOT WRITE IN THIS SPACE	

2. Principal Place of Business X2401-049 Suite, Apt. #, etc. 1 HOME CAMPUS	3. Mailing Address X2401-049 Suite, Apt. #, etc. 1 HOME CAMPUS
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City & State DES MOINES, IA	City & State DES MOINES, IA	4. FEI Number 04-3588591	Applied For Not Applicable
Zip 50328	Country USA	Zip 50328	Country USA

DO NOT WRITE IN THIS SPACE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	
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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	Zip Code FL 32301

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	200017799642 05/01/03--01009--008 ***50.00 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 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REAL LIVING, INC. 6000 ROCKSIDE WOODS CLEVELAND, OH 44131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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-AVP	4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone # 515-213-7559

CR2E083B (12/02)