## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M02000001139**

1. Entity Name

MUTÚAL SERVICE MORTGAGE, LLC



Principal Place of Business

Mailing Address

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

## FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90059 030 \*\*\*\*50.00



04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 30-0073253

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered	d office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
THTLE	MGRM			
NAME	WELLS FARGO VENTURES, LLC	1		
STREET ADDRESS	1 HOME CAMPUS MAC X2401-049			
CITY-ST-ZIP	DES MOINES, IA 50328			
TITLE	MGRM			
NAME	MUTUAL SERVICE CORPORATION			
STREET ADDRESS	STE 1800 250 AUSTRALIAN AVE S			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			
TITLE				
NAME				
STREET ADDRESS			דרוא חת	WRITE
CITY-ST-ZIP			ו טוו טם	AAUIIE
TITLE			IN THIS	SPACE
NAME			114 11110	OI AUL
STREET ADDRESS				
CITY-ST-ZIP				
TIFLE				
NAME				•
STREET ADDRESS				

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: Valt Bull

4-22-05 515-213-7559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS