

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002436

FILED
Jan 13, 2006
Secretary of State

Entity Name: HOMELAND MORTGAGE, LLC

Current Principal Place of Business:

1 HOME CAMPUS
MAC X2401-049
DES MOINES, IA 50238

New Principal Place of Business:

Current Mailing Address:

1 HOME CAMPUS
MAC X2401-049
DES MOINES, IA 50238

New Mailing Address:

FEI Number: 06-1661571

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 32301 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: 1 HOME CAMPUS MAC X2401-049
City-St-Zip: DES MOINES, IA 503280001

Title: MGRM () Delete
Name: NEW YORK MUTUAL REAL, TY, INC.
Address: 29259 US HWY 19N
City-St-Zip: CLEARWATER, FL 33761

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HAYDEN, RICK
Address: 29259 US HWY 19N
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM () Change (X) Addition
Name: HAYDEN, CAROL
Address: 29259 US HWY 19N
City-St-Zip: CLEARWATER, FL 33761

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

01/13/2006

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