

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001920

**FILED**  
**Jan 16, 2006**  
**Secretary of State**

**Entity Name:** SECURITY FIRST FINANCIAL GROUP, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 80-0066627      **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 323012525 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: ONE HOME CAMPUS, MAC X2401-049  
City-St-Zip: DES MOINES, IA 503280001

Title: MGRM ( ) Delete  
Name: INTERVEST CONSTRUCTI, ON INC  
Address: 2359 BEVILLE RD  
City-St-Zip: DAYTONA BEACH, FL 32119

**ADDITIONS/CHANGES:**

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

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

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

01/16/2006

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