

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


#10909

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90053 014 ****50.00

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DOCUMENT # M03000002670					
1. Entity Name WELLS FARGO FINANCIAL CAR LLC					
Principal Place of Business 59 SKYLINE DRIVE, SUITE 1700 LAKE MARY, FL 32746		Mailing Address 59 SKYLINE DRIVE, SUITE 1700 LAKE MARY, FL 32746			
2. Principal Place of Business		3. Mailing Address 800 Walnut Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. F4030-081			
City & State		City & State Des Moines, IA			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 33-1066643	
		50309-3636		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZ, FAYE L		NAME		
STREET ADDRESS	800 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAM, CHRISTOPHER J		NAME	Ramsay, Reed W.	
STREET ADDRESS	800 WALNUT STREET		STREET ADDRESS	800 Walnut Street	
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP	Des Moines, IA 50309-3636	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POETTING, GARY M		NAME		
STREET ADDRESS	800 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Faye L Kunz</i>		Faye L. Kunz Manager		April 16, 2004 (515) 557-7252	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	