


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90043 040 ****50.00

DOCUMENT # M04000000895

1. Entity Name
STONERIDGE MORTGAGE, LLC



Principal Place of Business Mailing Address
ONE HOME MORTGAGE, MAC #X2401-049 **ONE HOME MORTGAGE, MAC #X2401-049**
DES MOINES, IA 50328-0001 **DES MOINES, IA 50328-0001**

2. Principal Place of Business 3. Mailing Address
ONE HOME CAMPUS **ONE HOME CAMPUS**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MAC X2401-049 **MAC X2401-049**

City & State City & State
DES MOINES, IA **DES MOINES, IA**
 Zip Country Zip Country
50328-0001 **50328-0001**

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
-APPLIED FOR 20-0772719 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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS FARGO VENTURES, LLC ONE HOME MORTGAGE, MAC #X2401-05W DES MOINES, IA 503280001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 Home Campus, MAC X2401-049	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MRM, LLC 12252 Nicolette Ave South Burnsville, MN 55337	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4-22-05 515-213-7559
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Robert Scallon - AUP of Member