## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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DOCUMENT # M0400001167  1. Entity Name EDI MORTGAGE, LLC							5 90043 044 *		
Principal Plac	ce of Business	Mailing Address			]				
ONE HOME CAMPUS, MAC #X2401-049 ONE HOME CAMPUS, MAC #X240 DES MOINES, IA 50328-0001 DES MOINES, IA 50328-0001				149			1214 SG:   GB S  HTS  (1515	. <b>.</b> (848)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202005	Chg-LLC	CR2E083 (1	0/03)		
City & State		City & State			4. FEI Number 20-101				olied For Applicable
Zip	Country	Zip	Country			of Status Desired	Fee F	O Additi	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered Agent		
AADDAD LTIQU AFRI WAT AGUIDANN			Nan	Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				et Address (	ddress (P.O. Box Number is Not Acceptable)				
''									
			City				FL	ip Code	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	ce or register	red agent, or bo	th, in the State of	Florida. I am familia	ır with, a	nd accept
SIGNATURE									
Joidinatoria	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent	signature required	when reinstating)		DATE	-	
F	Signature, typed or printed name of registered agent a siling Fee is \$50.00 ue by May 1, 2005	and title if applicable. (NOTI	E: Registered Agent	signature required	d when reinstating)		DATE  ake check payab da Department o		
F	iling Fee is \$50.00		E: Registered Agent	signature required	d when reinstating)	Flori	ake check payab		
F	iling Fee is \$50.00 ue by May 1, 2005			signature required	d when reinstating)	Flori	ake check payab da Department o		☐ Addition
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMBE  MGRM  WELLS FARGO VENTURES, LLC	RS/MANAGERS	10. TITLE NAME			Flori	ake check payab da Department o S/CHANGES	f State	
9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMBE MGRM WELLS FARGO VENTURES, LLC ONE HOME CAMPUS, MAC #X2	RS/MANAGERS	10. TITLE NAME STREET ADDR			Flori	ake check payab da Department o	f State	
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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: Hebert Scaller 4-22-05 515-213-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devictor Phone #