

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90043 038 ****50.00

DOCUMENT # M04000001704
 1. Entity Name
 SOUTHERN OHIO MORTGAGE, LLC



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

20050813



DO NOT WRITE IN THIS SPACE

04202005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0647942	Applied For Not Applicable
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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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS FARGO VENTURES, LLC ONE HOME CAMPUS, MAC# X2401-049 MAC X2401-049 DES MOINES, IA 50328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Multi States Mortgage Services Corp 912 Senate Dr. Dayton, OH 45459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Robert Scallon - AUP of Member