


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-29-2005 90059 016 ****50.00

DOCUMENT # M04000003725				
1. Entity Name SUMMIT NATIONAL MORTGAGE, LLC				
Principal Place of Business MAC #X2401-049 ONE HOME CAMPUS DES MOINES, IA 50328-0001		Mailing Address MAC #X2401-049 ONE HOME CAMPUS DES MOINES, IA 50328-0001		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	04222005 Chg-LLC CR2E083 (10/03) 4. FEI Number APPLIED FOR - 20-1671394 <input type="checkbox"/> Applied For Not Applicable
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	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS FARGO VENTURES, LLC		NAME	
STREET ADDRESS	MAC #X2401-049 ONE HOME CAMPUS		STREET ADDRESS	1 Home Campus, MAC X2401-049
CITY-ST-ZIP	DES MOINES, IA 503280001		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CJR Mortgage, LLC
STREET ADDRESS			STREET ADDRESS	303 N. Rose, Ste 600
CITY-ST-ZIP			CITY-ST-ZIP	Kalamazoo, MI 49007
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>Robert Scallon</i>		Date: 4-22-05		Daytime Phone #: 515-213-7559
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				

Robert Scallon - AUP of Member