

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-29-2005 90059 024 \*\*\*\*50.00

**DOCUMENT # M04000005315**  
 1. Entity Name  
**RESORTQUEST 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**

**20051627**



04202005No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0011291</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>WELLS FARGO VENTURES, LLC</b> <b>ONE HOME CAMPUS, MAC# X2401-049</b> <b>DES MOINES, IA 50328</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>mGRM</b> <b>Resortquest Int'l, Inc dba Univ Vacation</b> <b>Acquis Co., LLC</b> <b>8955 Hwy 98 West Ste 203 Destin, FL 32550</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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*