2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M0400005633 1. Entity Name ADVANTAGE MORTGAGE PARTNERS, LLC					04-29-2005 90059 015 ****50.00				
Principal Place of Business ONE HOME CAMPUS, MAC #X2401-049 DES MOINES, IA 50328-0001		Mailing Address ONE HOME CAMPUS, MAC #X2401-049 DES MOINES, IA 50328-0001					#0001	LUUU	
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222005	Chg-LLC	CR2E08	3 (10/03)	
City & State		City & State			4. FEI Numbe 74-3110			1 	oplied For ot Applicable
Zìp	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered Aç	ent	
			Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street A	ddress (f	P.O. Box Numbe	r is Not Acceptable	9)	18	
IALLATIA	30CC, 1 C 32001-2020								
			City		FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r register	ed agent, or bot	h, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005									
Fi D:	ling Fee is \$50.00 ue by May 1, 2005						e check pay a Departme	•	9
Fi De	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER	RS/MANAGERS	10.				a Departme	•	9
		RS/MANAGERS	TITLE			Florida	Department	•	e ☐ Addition
9. TITLE NAME	MANAGING MEMBEI MGR WELLS FARGO VENTURES, LLC	☐ Delete	TITLE NAME	I Hou	Me Cama	Florida ADDITIONS	Department	nt of State	
9. TITLE NAME	MANAGING MEMBER	☐ Delete	TITLE	1 Hoi	те Сатри	Florida	Department	nt of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBEI MGR WELLS FARGO VENTURES, LLC ONE HOME CAMPUS, MAG #X2	☐ Delete	TITLE NAME STREET ADDRESS	30.00	0	ADDITIONS,	CHANGES	Change	
9. TITLE NAME STREET ADDRESS CITY - ST - ZIP THILE NAME	MANAGING MEMBEI MGR WELLS FARGO VENTURES, LLC ONE HOME CAMPUS, MAG #X2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	30.00	0	ADDITIONS,	CHANGES	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE	MANAGING MEMBEI MGR WELLS FARGO VENTURES, LLC ONE HOME CAMPUS, MAG #X2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	30.00	0	ADDITIONS,	CHANGES	Change	☐ Addition
9. TITLE NAME STREET ADDRESS— CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBEI MGR WELLS FARGO VENTURES, LLC ONE HOME CAMPUS, MAG #X2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	30.00	0	Florida ADDITIONS	2401- L	Change	☐ Addition
9. TITLE NAME STREET ADDRESS— CITY—ST—ZIP TITLE NAME STREET ADDRESS CITY—ST—ZIP TITLE NAME	MANAGING MEMBEI MGR WELLS FARGO VENTURES, LLC ONE HOME CAMPUS, MAG #X2	☐ Delete 401-06T— ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	30.00	0	ADDITIONS,	2401- L	Change Change Change	Addition
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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: 4-22-05 5/5-2/3-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DUIC Deptimo Phone #

Robert Scallon - AUP of Member