


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-29-2005 90059 013 \*\*\*\*50.00

**DOCUMENT # M04000005634**

1. Entity Name  
**HIGHLANDS MORTGAGE, LLC**



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

Mailing Address  
**ONE HOME CAMPUS, MAC X2401-049  
 DES MOINES, IA 50328**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04222005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WELLS FARGO VENTURES, LLC ONE HOME CAMPUS, MAC X240-049 DES MOINES, IA 50328</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Robert Scallon* **4-22-05** **515-213-7559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Robert Scallon - AUP of Member*