## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000001973

City-St-Zip:

Entity Name: PARKWAY MORTGAGE AND FINANCIAL CENTER, LLC

FILED Jan 14, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
ONE HOME CAMPUS, MAC# X2401-049 DES MOINES, IA 503280001				ONE HOME CAMPUS MAC# X2401-049 DES MOINES, IA 503280001		
Current Mailing Address:				New Mailing Address:		
ONE HOME CAMPUS, MAC# X2401-049 DES MOINES, IA 503280001				ONE HOME CAMPUS MAC# X2401-049 DES MOINES, IA 503280001		
El Number: 20-2392456		FEI Number Applied For ( )	FEI Nur	mber Not App	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1201 HAY TALLAHA: The above	S STREET SSEE, FL 323		e purpose c	of changing i	its registered office or registered agent, or both,	
SIGNATU						
	Electro	nic Signature of Registered A	.gent		Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Fitle: Name: Address: City-St-Zip:	WELLS FARG	) Delete O VENTURES, , LLC AMPUS, MAC# X2401-049 IA 503280001		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	MGRM () Change (X) Addition PARKWAY MORTGAGE & F, INANCIAL CENTE R, LLC 4800 NORTH HARLEM HARWOOD HEIGHTS, IL 60706	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 01/14/2006