

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92178 009 ****50.00

DOCUMENT # M98000000949
1. Entity Name
MORTGAGE PROFESSIONALS OF TAMPA BAY, LLC

0000011

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3801 BAY TO BAY BLVD Suite, Apt. #, etc.	3. Mailing Address 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049
---	---

DO NOT WRITE IN THIS SPACE

City & State TAMPA, FL	City & State DES MOINES, IA	4. FEI Number 59-3534998	Applied For <input type="checkbox"/> Not Applicable
---------------------------	--------------------------------	-----------------------------	--

Zip 33629	Country USA	Zip 50328	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
--------------	----------------	--------------	----------------	--

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City
TALLAHASSEE FL Zip Code
33629

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WELLS FARGO VENTURES, LLC 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH & ASSOCIATES REALTORS, INC. 3801 WEST BAY TO BAY BLVD TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **ROBERT SCALLON-AVP** 4/25/03 515-213-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #