


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001157 1. Entity Name HOMESERVICES LENDING, LLC	
--	---

Principal Place of Business 6800 FRANCE AVE SOUTH, SUITE 410 EDINA, MN 55435	Mailing Address 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328-0001
--	--



04202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1914032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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

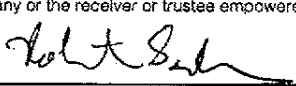
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

**Filing Fee is \$50.00
Due by May 1, 2004**

**U00000136072
04/28/04-80081-004 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS FARGO VENTURES, LLC MAC X2401-049/ 1 HOME CAMPUS DES MOINES, IA 503280001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HMSV FINANCIAL SERVICES, INC 666 GRAND AVE DES MOINES, IA 50303
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	

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 Scallen-AVP 4/26/04 515-213-7559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
--