



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M02000001489		
1. Entity Name WELLS FARGO VENTURES, LLC		
Principal Place of Business MAC X2401-049, 1 HOME CAMPUS DES MOINES, IA 50328-0001		Mailing Address MAC X2401-049, 1 HOME CAMPUS DES MOINES, IA 50328-0001
DO NOT WRITE IN THIS SPACE		
		 04202004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 95-2318940		Applied For 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		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)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
UDD0000136077 04/28/04-80081-006 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WELLS FARGO HOME MORTGAGE, INC. MAC X2401-049, 1 HOME CAMPUS DES MOINES, IA 503280001	DO NOT WRITE IN THIS SPACE
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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: <u>Robert Scallon</u> <u>Robert Scallon- AVP</u>		Date: <u>4/23/04</u> Daytime Phone #: <u>515-213-7559</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		