

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

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

05-05-2003 91434 047 ****50.00

DOCUMENT # M02000001489
1. Entity Name WELLS FARGO VENTURES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA Zip 50328 Country USA	3. Mailing Address 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA Zip 50328 Country USA
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 95-2318940	Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
	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 32301	

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

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

DATE

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 HOME MORTGAGE, INC. 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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

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 #