

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

**FILED**  
03 APR 29 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> M01000001399	
<b>1. Entity Name</b>	
PPM MORTGAGE, LLC	

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


<b>DO NOT WRITE IN THIS SPACE</b>	
<b>4. FEI Number</b>	<b>Applied For</b>
42-1520698	Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$5.00 Additional Fee Required</b>
<input type="checkbox"/>	

<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b>	
		Name	
		CORPORATION SERVICE COMPANY	
		Street Address (P.O. Box Number is Not Acceptable)	
		1201 HAYS STREET	
		City	Zip Code
		TALLAHASSEE	FL 32301

<b>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.</b>
<b>SIGNATURE</b>
Signature, typed or printed name of registered agent and title if applicable.
<b>DATE</b>

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

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
	MGRM		
<b>STREET ADDRESS</b>	WELLS FARGO VENTURES, LLC	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	1 HOME CAMPUS, MAC X2401-049	<b>CITY - ST - ZIP</b>	
	DES MOINES, IA 50328		
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
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<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
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<b>TITLE</b>		<b>TITLE</b>	
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<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

<b>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.</b>			
<b>SIGNATURE:</b>		<b>ROBERT SCALLON-AVP</b>	<b>4/25/03 515-213-7559</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #