

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

<b>DOCUMENT #</b> M01000001729				<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 1.2em; margin: 5px 0;">03 MAY -1 PM 12:20</div> <div style="font-size: 0.8em; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
1. Entity Name  FIRST MORTGAGE OF FLORIDA, LLC					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 2000 WEBER ST <small>Suite, Apt. #, etc.</small>			3. Mailing Address 1 HOME CAMPUS <small>Suite, Apt. #, etc.</small> MAC X2401-049		
City & State SARASOTA, FL		City & State DES MOINES, IA		4. FEI Number 65-1113234	
Zip 34236	Country USA	Zip 50328	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>				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	
				<b>FL</b>	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 _____				DATE 05/01/03--01009--007 **50.00	
Signature, typed or printed name of registered agent and title if applicable.					
			<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>					
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	<div style="font-size: 1.5em; font-weight: bold; margin: 0;">DO NOT WRITE IN THIS SPACE</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROWLEY GROUP, INC. DBA RE/MAX PROPERTIES 2000 WEBER STREET SARASOTA, FL 34236			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-AVP	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 4/25/03	Daytime Phone # 515-213-7559