

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

**FILED**  
03 APR 30 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT #</b> M02000000266	
<b>1. Entity Name</b> ALTA HOME MORTGAGE, LLC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA Zip 50328 Country USA		<b>3. Mailing Address</b> 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**

<b>4. FEI Number</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> CORPORATION SERVICE COMPANY	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1201 HAYS STREET	
<b>City</b> TALLAHASSEE	<b>FL</b> <b>Zip Code</b> 32301-2525

**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**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM WELLS FARGO VENTURES, LLC 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	600017563806 04/30/03--01055--016 **50.00
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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**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 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 #