

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90059 026 ****50.00

DOCUMENT # M02000001099

1. Entity Name
MERCANTILE MORTGAGE, LLC



Principal Place of Business 1 HOME CAMPUS MAC X2401-049 DES MOINES, IA 50328	Mailing Address 1 HOME CAMPUS MAC X2401-049 DES MOINES, IA 50328
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3612766	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS FARGO VENTURES, LLC 1 HOME CAMPUS X2401-049 DES MOINES, IA 50328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCANTILE MORTGAGE CORP 2 HOPKINS PLAZA, SUITE 900 BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(l), 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 Scallan 4-22-05 515-213-7559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Robert Scallan - AVE 1 Mo 1