

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-29-2005 90043 033 \*\*\*\*50.00

**DOCUMENT # M02000002436**

1. Entity Name  
**HOMELAND MORTGAGE, LLC**



Principal Place of Business  
**1 HOME CAMPUS  
MAC X2401-049  
DES MOINES, IA 50238**

Mailing Address  
**1 HOME CAMPUS  
MAC X2401-049  
DES MOINES, IA 50238**

**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**06-1661571**

Applied For  
Not Applicable

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**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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 MAC X2401-049  
DES MOINES, IA 503280001**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
NEW YORK MUTUAL REALTY, INC.  
29259 US HWY 19N  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**515-213-7559**

*Robert Scallion - AVP of Member*