

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002670

FILED
Apr 07, 2006
Secretary of State

Entity Name: WELLS FARGO FINANCIAL CAR LLC

Current Principal Place of Business:

59 SKYLINE DRIVE, SUITE 1700
LAKE MARY, FL 32746

New Principal Place of Business:

800 WALNUT STREET
DES MOINES, IA 503093636

Current Mailing Address:

800 WALNUT STREET, F4030-102
DES MOINES, IA 503093636

New Mailing Address:

FEI Number: 33-1066643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANDERSON, DEAN R
Address: 800 WALNUT STREET
City-St-Zip: DES MOINES, IA 503093636

Title: MGR () Delete
Name: RAMSAY, REED W
Address: 800 WALNUT STREET
City-St-Zip: DES MOINES, IA 503093636

Title: MGR () Delete
Name: POETTING, GARY M
Address: 800 WALNUT STREET
City-St-Zip: DES MOINES, IA 503093636

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REED W. RAMSAY

MGR

04/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date