



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90077 019 ****50.00

DOCUMENT # M03000003173					
1. Entity Name RESIDENTIAL COMMUNITY MORTGAGE COMPANY, LLC					
Principal Place of Business MAC X2401-049 ONE HOME CAMPUS DES MOINES, IA 50328-0001			Mailing Address MAC X2401-049 ONE HOME CAMPUS DES MOINES, IA 50328-0001		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 20-0315363	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WELLS FARGO VENTURES, LLC MAC X2401-06P, ONE HOME CAMPUS DES MOINES, IA 503280001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
			MAC X2401-049, 1 Home Campus Des Moines, IA 50328-0001		
			MGRM The St. Joe Company / Arvida 7900 Glades Rd, Ste 200 Boca Raton, FL 33434		
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: <u>Robert Scallan</u> <u>Robert Scallan-AUP</u> <u>4/23/04</u> <u>515-213-7559</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					