2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M0300003173 1. Entity Name RESIDENTIAL COMMUNITY MORTGAGE COMPANY, LLC						04-28-2	•	7 019 ***	**50.00
Principal Plac	e of Business	Mailing Address	·		1				
MAC X2401-049 ONE HOME CAMPUS DES MOINES, IA 50328-0001		MAC X2401-049 ONE HOME CAMPUS DES MOINES, IA 50328	MAC X2401-049			4 ADIAE 1841 BEXII BEKK EE			
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04202004	Chg-LLC	CR2E0	83 (10/03)	`
City & Stat	te	City & State	City & State		4. FEI Numb	er 815363			oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent	A)	ame	7. Name and	Address of New I	Registered	Agent	
CORPORA	ATION SERVICE COMPANY		<u> </u>						
	S STREET SSEE, FL 32301-2525		St	treet Address ((P.O. Box Numb	er is Not Acceptab	le)	<u> </u>	
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			Ci	ity		<u> </u>	FL	Zip Cod	0
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered of	ffice or register	red agent, or bo	th, in the State of FI	lorida. I am	familiar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered age	int and title if applicable. (NOTE	: Registered Ager	nt signature required	when reinstating)		DATE		
Fi	Signature, typed or printed name of registered age illing Fee is \$50.00 ue by May 1, 2004	int and title if applicable. (NOTE	: Registered Age	nt signature required	d when reinstating)		ke check p	ayable to ent of State	
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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: Nolet Sell	Robert Scallon-AUP	4/23/04	515-213-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEA	ARER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #