## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

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

DOCUMENT # M0400000895  1. Entity Name STONERIDGE MORTGAGE, LLC						04-29-2005	90043 040 *	***5	0.00	
ONE HOME M <del>ORTGAGE</del> , MAC #X2401-049 ON		Mailing Address ONE HOME MORTGAGE, MAC #X2401-049 DES MOINES, IA 50328-0001		49			พบบอย	O X 3	ŗ	
2. Principal Place of Business ONE HOME CAMPUS Suite, Apt. #, etc.		3. Mailing Address  ONE HOME CAMPUS  Suite. Apt. #. etc.								
MAC X2401-049		MAC X2401-049			04202005	Chg-LLC	CR2E083 (10	)/03)		
City & State DES MOINES, TA		City & State DES MOINES, IA			4. FEI Number	~10	0772719		plied For t Applicable	
Zip 50328	Country	Zip 50328-0001	Country		5. Certificate	of Status Desired	□ \$5.0 Fee R			
	6. Name and Address of Current R	legistered Agent	Name		7. Name and	Address of New R	egistered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
	SSEE, FL 32301-2525		Oll Got 7	1001000 (1		or is Not Acceptable	·/			
			City				EI Zi	o Code	<u>.</u>	
The above named entity submits this statement for the purpose of changing its registere				ΓL   '						
	ions of registered agent.	the purpose of changing its reg	gistered office o	n ießizreie	u agent, or bo	in, in the State of Fig	mica. Tamtamila	WILLD,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	egistered Agent signa	ture required v	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005										
							e check payabl Department of		,	
		RS/MANAGERS	10.				Department of		,	
9. TITLE	MANAGING MEMBER	☐ Delete	TITLE			Florida	Department of	State	Addition	
9.	ue by May 1, 2005  MANAGING MEMBEF	☐ Delete		1 Hon	ne Camp	Florida	CHANGES	State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM WELLS FARGO VENTURES, LLC ONE HOME MORTGAGE, MAC #	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR	m	Fiorida ADDITIONS/	CHANGES	State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM WELLS FARGO VENTURES, LLC ONE HOME MORTGAGE, MAC #	□ Delete : :×2401 <del>-</del> 05₩	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR	m	ADDITIONS/	CHANGES  A CI  2401 - 04	State	Addition	
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	MANAGING MEMBER MGRM WELLS FARGO VENTURES, LLC ONE HOME MORTGAGE, MAC #	□ Delete : :×2401 <del>-</del> 05₩	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR MRM 1225	M ), LLC a Nico	ADDITIONS/	CHANGES  A CI  2401 - 04	State	Addition	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBER MGRM WELLS FARGO VENTURES, LLC ONE HOME MORTGAGE, MAC #	□ Delete : :×2401 <del>-</del> 05₩	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR MRM 1225	m	ADDITIONS/	CHANGES  ACCIONNAME  ACCIONNAM	nange 9	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MANAGING MEMBER MGRM WELLS FARGO VENTURES, LLC ONE HOME MORTGAGE, MAC #	□ Delete : <del>X2401-05W</del> □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR MRM 1225	M ), LLC a Nico	ADDITIONS/	CHANGES  ACC  ACC  CHANGES  CACC  CA	nange 9	☐ Addition	
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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: LAND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4-22-05

Robert Scallon-AUP of Member