2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # M04000000900** 04-29-2005 90059 018 ****50.00 1. Entity Name WF/TW MORTGAGE VENTURE, LLC Principal Place of Business Mailing Address ONE HOME CAMPUS, MAC X2401-049 ONE HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328 DES MOINES, IA 50328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 20-0883590 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE Change Addition NAME WELLS FARGO VENTURES, LLC NAME STREET ADDRESS / Home Campus, MAC X2401-049 ONE HOME CAMPUS, MAC X2401-08T-STREET ADDRESS CITY-ST-ZIP DES MOINES, IA 50328 CITY-ST-ZIP MERM TITLE ☐ Defete TITLE Taylor Wood Mortgage Holdings, LLC 8430 Enterprise Circle, Ste 100 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Brandenton, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP 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

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Robert Scallon-AVP of Member

STREET ADDRESS

CITY-ST-ZIP