

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004067

FILED
Mar 31, 2005
Secretary of State

Entity Name: WEALTH ENHANCEMENT MORTGAGE SERVICES, LLC

Current Principal Place of Business:

7219 FORESTVIEW LANE NORTH
SUITE 150
MAPLE GROVE, MN 55369

New Principal Place of Business:

Current Mailing Address:

7219 FORESTVIEW LANE NORTH
SUITE 150
MAPLE GROVE, MN 55369

New Mailing Address:

FEI Number: 03-0519211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GR ROBBINS & ASSOCIATES, P.A.
3375 CAPITAL CIR. N.E. BLDG. C
TALLAHASSEE, FL 32308 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/MEMBERS:

Title: MGRM () Delete
Name: MACK, DANIEL
Address: 7219 FORESTVIEW LANE NORTH
City-St-Zip: MAPLE GROVE, MN 55369

Title: MGRM () Delete
Name: JACKSON, JERRY
Address: 1905 EAST WAYZATA BLVD. SUITE 150
City-St-Zip: MAPLE GROVE, MN 55391

Title: MGRM () Delete
Name: NELSON, DALE P
Address: 7219 FORESTVIEW LANE NORTH
City-St-Zip: MAPLE GROVE, MN 55369

Title: MGRM () Delete
Name: DEKKO, JEFFREY
Address: 1905 EAST WAYZATA BLVD. SUITE 300
City-St-Zip: WAYZATA, MN 55391

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:

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 Section 119.07(3)(i), 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: DALE P. NELSON

MGRM

03/31/2005

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