

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-29-2005 90059 024 \*\*\*\*50.00

**DOCUMENT # M04000005315**

**1. Entity Name**  
**RESORTQUEST MORTGAGE, LLC**



**Principal Place of Business**  
**ONE HOME CAMPUS, MAC# X2401-049**  
**DES MOINES, IA 50328**

**Mailing Address**  
**ONE HOME CAMPUS, MAC# X2401-049**  
**DES MOINES, IA 50328**

**20051627**



04202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-0011291**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

**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**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGRM  
**NAME** WELLS FARGO VENTURES, LLC  
**STREET ADDRESS** ONE HOME CAMPUS, MAC# X2401-049  
**CITY-ST-ZIP** DES MOINES, IA 50328

**TITLE** MGRM  
**NAME** Resortquest Int'l, Inc dba Univ Vacation  
**STREET ADDRESS** Acquis Co, LLC  
**CITY-ST-ZIP** 8955 Hwy 98 West Ste 203 Destin, FL 32550

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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:**

*Robert Scallon*

*4-22-05*

*515-213-7559*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Robert Scallon - AUP of Member*