

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005611

FILED
Apr 21, 2008
Secretary of State

Entity Name: WELLS FARGO FUNDS MANAGEMENT, LLC

Current Principal Place of Business:

525 MARKET STREET, A0103-122
SAN FRANCISCO, CA 94105

New Principal Place of Business:

Current Mailing Address:

SIXTH & MARQUETTE
N9305-173
MINNEAPOLIS, MN 55479

New Mailing Address:

FEI Number: 94-3382001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MANAGERS:

Title: MGR () Delete
Name: MESSMAN, C. DAVID
Address: 633 FOLSOM STREET, A0149-077
City-St-Zip: SAN FRANCISCO, CA 94107

Title: MGR () Delete
Name: OWEN, ANDREW
Address: 525 MARKET STREET, A0103-122
City-St-Zip: SAN FRANCISCO, CA 94105

Title: MGR () Delete
Name: RABUSCH, KARLA M
Address: 525 MARKET STREET, A0103-122
City-St-Zip: SAN FRANCISCO, CA 94105

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARGARET WEBER

AGEN

04/21/2008

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