

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005706

FILED
Mar 11, 2005
Secretary of State

Entity Name: HOMESERVICES FINANCIAL, LLC

Current Principal Place of Business:

6800 FRANCE AVE. SOUTH, SUITE 600
EDINA, MN 55435

New Principal Place of Business:

666 GRAND AVE. #2900
DES MOINES, IA 50309

Current Mailing Address:

6800 FRANCE AVE. SOUTH, SUITE 600
EDINA, MN 55435

New Mailing Address:

BOX 657
DES MOINES, IA 503030657

FEI Number: 20-1807216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: PELTIER, JEAN-PAUL M
Address: 6800 FRANCE AVE. SOUTH, SUITE 600
City-St-Zip: EDINA, MN 55435

Title: P (X) Delete
Name: PELTIER, RONALD J
Address: 6800 FRANCE AVE. SOUTH, SUITE 600
City-St-Zip: EDINA, MN 55435

Title: VPT (X) Delete
Name: JOHNSON, GALEN K
Address: 6800 FRANCE AVE. SOUTH, SUITE 600
City-St-Zip: EDINA, MN 55435

Title: S (X) Delete
Name: STRANDMO, DANA D
Address: 6800 FRANCE AVE. SOUTH, SUITE 600
City-St-Zip: EDINA, MN 55435

Title: VP (X) Delete
Name: SATTTLER, CINDY
Address: 6800 FRANCE AVE. SOUTH, SUITE 600
City-St-Zip: EDINA, MN 55435

Title: VP (X) Delete
Name: CANADAY, DOROTHY
Address: 11301 CARMEL COMMONS, #202
City-St-Zip: CHARLOTTE, NC 28226

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOMESERVICES OF AMER, ICA, INC.
Address: 6800 FRANCE AVE. SOUTH, SUITE 600
City-St-Zip: EDINA, MN 55435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: PAUL LEIGHTON

MGR

03/11/2005

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