

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002966

FILED
Apr 23, 2009
Secretary of State

Entity Name: RESIDENTIAL HOME DIVISION, LLC

Current Principal Place of Business:

ONE HOME CAMPUS, MAC# X2401-049
DES MOINES, IA 503280001

New Principal Place of Business:

ONE HOME CAMPUS, MAC X2401-049
DES MOINES, IA 503280001

Current Mailing Address:

ONE HOME CAMPUS, MAC# X2401-049
DES MOINES, IA 503280001

New Mailing Address:

ONE HOME CAMPUS, MAC X2401-049
DES MOINES, IA 503280001

FEI Number: 26-2644756

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: WELLS FARGO VENTURES, LLC
Address: ONE HOME CAMPUS, MAC# X2401-049
City-St-Zip: DES MOINES, IA 503280001

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELLS FARGO VENTURES, LLC
Address: ONE HOME CAMPUS, MAC X2401-049
City-St-Zip: DES MOINES, IA 503280001

Title: MGRM () Change (X) Addition
Name: 1234 STANDARD REALTY, LLC
Address: 320 NASSAU BLVD
City-St-Zip: GARDEN CITY, NY 11530

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: ROBERT SCALLON

VP

04/23/2009

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