


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  99 APR 30 AM 11:10  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE		<b>DOCUMENT #</b> M98000000450			
<b>1. Name and Mailing Address</b> of Limited Liability Company  EDWARD JONES MORTGAGE, LLC <del>405 S.W. 5TH STREET, MS 122457</del> DES MOINES IA 50328-0001		<b>1a. Principal Place of Business Address</b>  <del>405 S.W. 5TH STREET, MS 1224</del> <del>DES MOINES IA 50328</del>			
<b>2. Principal Place of Business</b> 100 South 5th St Suite, Apt. #, etc.  City & State Minneapolis MN Zip Country 55402-1202 USA		<b>2a. Mailing Address</b> 1 Home Campus Suite, Apt. #, etc. MS 122481 City & State Des Moines IA Zip Country 50328-0001 USA		<b>3. Date Organized or Qualified</b> 05/06/1998  <b>3a. State of Formation</b> DE  <b>4. FEI Number</b> 42-1472314 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>8. Name and Address of New Registered Agent/Office</b> Name CSC United States Corporation Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, etc.  City Zip Code Tallahassee FL 32301			
<b>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.</b>					
SIGNATURE <u>Previously filed with Secretary of State</u> DATE <u>3-16-99</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGRM	NORWEST VENTURES, LLC	<del>405 S.W. 5TH STREET, MS 12</del>		<del>DES MOINES IA</del>	
MGRM	Norwest Mortgage, Inc. dba Norwest Ventures, LLC	1 Home Campus, MS 122481		Des Moines, IA 50328-0001	
MGRM	Edward D. Jones & Co., LP	12555 Manchester Road		St. Louis, MO 63131	
				600002867966-4 -05/07/99 -01122-009 ***188.75 ***188.75  <i>4/25/99</i>	
<b>11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.</b>					
SIGNATURE: <u>Steven D. McCulland</u> 4/22/99 (515) 221-7518 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					