

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92178 009 ****50.00

DOCUMENT # M98000000949

1. Entity Name

MORTGAGE PROFESSIONALS OF TAMPA BAY, LLC

DO NOT WRITE IN THIS SPACE

00000011

2. Principal Place of Business

3801 BAY TO BAY BLVD

Suite, Apt. #, etc.

3. Mailing Address

1 HOME CAMPUS

Suite, Apt. #, etc.

MAC X2401-049

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

DES MOINES, IA

4. FEI Number

59-3534998

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

50328

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

33629

8. I, 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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WELLS FARGO VENTURES, LLC
STREET ADDRESS	1 HOME CAMPUS, MAC X2401-049
CITY - ST - ZIP	DES MOINES, IA 50328

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	MGRM
NAME	SMITH & ASSOCIATES REALTORS, INC.
STREET ADDRESS	3801 WEST BAY TO BAY BLVD
CITY - ST - ZIP	TAMPA, FL 33629

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

DO NOT WRITE 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)(l), 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

ROBERT SCALLON-AVP

4/25/03

515-213-7559

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

Date

Daytime Phone #