

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

DOCUMENT # M99000000532 1. Entity Name MSC MORTGAGE, LLC				<div style="transform: rotate(-15deg);"> FILED 03 APR 29 PM 5:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>			
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 307 S. ORANGE AVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1 HOME CAMPUS <small>Suite, Apt. #, etc.</small> MAC X2401-049					
City & State SARASOTA, FL		City & State DES MOINES, IA		4. FEI Number 65-0904482		Applied For <input type="checkbox"/> Not Applicable	
Zip 34236		Country USA		Zip 50328		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				DO NOT WRITE IN THIS SPACE			
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			
8. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1							
9. MANAGING MEMBERS/MANAGERS							
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM WELLS FARGO VENTURES, LLC 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328				<div style="border: 1px solid black; padding: 10px;"> 400017303874 04/29/03--01050--013 **50.00 </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM MICHAEL SAUNDERS & COMPANY 1801 MAIN STREET SARASOTA, FL 34236							
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ _____ _____ _____				DO NOT WRITE IN THIS SPACE			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ _____ _____ _____							
11. I 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 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: <u>Robert Scallon</u>				ROBERT SCALLON-AVP		4/25/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		515-213-7559 Daytime Phone #	

CR2E083B (12/02)