

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90078 013 \*\*\*\*\*50.00

<b>DOCUMENT # M03000000704</b>					
<b>1. Entity Name</b> COMMONWEALTH AVENUE WAREHOUSE, LLC					
<b>Principal Place of Business</b> 4800 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85251			<b>Mailing Address</b> 4800 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85251		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 4800 N. SCOTTSDALE RD. Suite, Apt. #, etc. MS 4880 City & State SCOTTSDALE, AZ Zip 85251			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 04142004 <b>Chg-LLC</b> <b>CR2E083 (10/03)</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINOVA CAPITAL CORPORATION 4800 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85251	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Elizabeth A. Wethor</i>			<b>Elizabeth A. Wethor</b> Assistant Secretary <b>APR 26 2004</b> <b>(780) 636-1800</b>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		