2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000704

1. Entity Name

COMMONWEALTH AVENUE WAREHOUSE, LLC



Principal Place of Business

4800 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85251

Mailing Address

4800 NORTH SCOTTSDALE ROAD MS4E80

SCOTTSDALE, AZ 85251

FILED Apr 02, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

3/22/05

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			000000284969 04/02/05-80026-010 50.00
9. TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGRM FINOVA CAPITAL CORPORATION 4800 NORTH SCOTTSDALE ROAD		· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTTSDALE, AZ 85251		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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)(1), Florida Statutes. I further certify that the information inclicated 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

Elizabeth A Wether

Assistant Secretary

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