## 2005 LIMITED LIABILITY COMPANY

## **FILED** Anr 02, 2005 08:00 AM

ANNUAL REPORT				Constant of Ctot	
DOCUMENT # M0300002875				Secretary of State	
	DUND REAL ESTATE INV	ESTMENT NINE, LLC			
4800 NORTI	e of Business H SCOTTSDALE ROAD E, AZ 85251	Mailing Address 4800 N. SCOTTSDALE RD. MS4E80 SCOTTSDALE, AZ 85251			
C	O NOT WRIT	E IN THIS SPA	CE	03092005 No Chg-LLC	
	6. Name and Address of Currer	nt Registered Agent		Fee Required	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE	
	named entity submits this statement ions of registered agent.  Signeture, ypad or printed name of registered age		ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
Filing Fee is \$50.00 Due by May 1, 2005				U00000284971 04/02/05-80026-011 50.00	
9.	MANAGING MEMI	BERS/MANAGERS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINOVA CAPITAL CORPORAT 4800 NORTH SCOTTSDALE R SCOTTSDALE, AZ 85251	ION			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO_NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS					

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.

your a week SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Elizabeth A Wethor Assistant Scrietory

480-636-5190 Daytime Phone #