



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129453		2. Exact name of the limited liability company GMAC Commercial Finance LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL LOANS (ASSET-BASED, STRUCTURED FINANCE, EQUIPMENT LEASING, FACTORING)			
5. Principal office address 3000 TOWN CENTER, SUITE 280		City SOUTHFIELD	State MI	Zip 48075-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHELLE NGUYEN		Contact Title ASST. VICE PRESIDENT			
Street Address 3000 TOWN CENTER, SUITE 280		City SOUTHFIELD	State MI	Zip 48075-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM		Address 10 WEYBOSSET STREET			
Address		City PROVIDENCE	Zip 02903-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 9 4 5 3

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Justine M. Mantigios 9/1/05
Signature of Authorized Person Date

Justine M. Mantigios, Assistant Secretary/
General Motors Acceptance Corporation,
Member.
Form 642 Rev. 6/02

129453 FLLC 08/31/05 10:46:05 AM	
File Date	9/6/05
Check No.	14395
By:	DA
FOR SECRETARY OF STATE USE ONLY	



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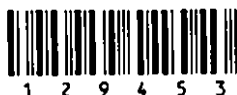
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5. Principal office address 3000 TOWN CENTER, SUITE 280		City SOUTHFIELD	State MI
		Zip 48075-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Cheryl Avis		Contact Title Assistant Secretary	
Street Address 3000 TOWN CENTER, SUITE 280		City SOUTHFIELD	State MI
		Zip 48075-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
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Cheryl Avis 9/10/04
Signature of Authorized Person Date
Cheryl S. Avis, Assistant Secretary for
General Motors Acceptance Corporation, Sole Member
Print or Type Name of Authorized Person

129453 FLLC 09/07/04 09:21:45 AM

File Date

9-28-04

Check No.

9990

By:

CA

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02