



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 112394		2. Exact name of the limited liability company BMW Financial Services NA, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASING OF MOTOR VEHICLES			
5. Principal office address 300 Chestnut Ridge Road		City Woodcliff Lake	State New Jersey	Zip 07677	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Laurie Faig		Contact Title Tax Coordinator			
Street Address 300 Chestnut Ridge Road		City Woodcliff Lake	State NJ	Zip 07677	
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			
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-		

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



\*112394\*

File Date	11/23
Check No.	582939
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person  
10/3/05  
Date  
Frank Wieczorek/Asst.Sec.-Taxation  
Print or Type Name of Authorized Person



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

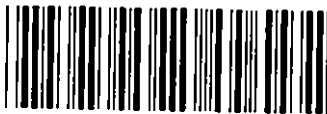
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 112394		2. Exact name of the limited liability company BMW Financial Services NA, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASING OF MOTOR VEHICLES			
5. Principal office address 300 Chestnut Ridge Road		City Woodcliff Lake	State NJ	Zip 07677	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Laurie Faig		Contact Title Tax Coordinator			
Street Address 300 Chestnut Ridge Road-Attn: Tax Dept.		City Woodcliff Lake	State NJ	Zip 07677	
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			
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-		

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



\* 1 1 2 3 9 4 \*

File Date	10/22/04
Check No.	492852
By:	W.
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person  
10/14/04  
Date

Frank Wieczorek/Asst. Sec.-Taxation  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
109 North Main Street  
Providence, RI 02903-1835  
(401) 222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>112394</b>		2. Exact name of the limited liability company <b>BMW Financial Services NA, LLC</b>	
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>LEASING OF MOTOR VEHICLES</b>	
5. Principal office address <b>300 Chestnut Ridge Road</b>		City <b>Woodcliff Lake</b>	State <b>NJ</b>
		Zip <b>07677</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Laurie Faig</b>		Contact Title <b>Tax Coordinator</b>	
Street Address <b>300 Chestnut Ridge Road</b>		City <b>Woodcliff Lake</b>	State <b>NJ</b>
		Zip <b>07677</b>	
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 <b>CT CORPORATION SYSTEM</b>		Address	
Address <b>10 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>

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



\* 1 1 2 3 9 4 \*

File Date 11/4/03 ✓  
Check No. 6101422  
By [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature]  
Signature of Authorized Person

10/27/03  
Date

Frank Wieczorek/Asst. Sec.-Taxation  
Print or Type Name of Authorized Person



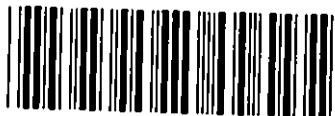
# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>112394</b>		2. Exact name of the limited liability company <b>BMW Financial Services NA, LLC</b>	
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>LEASING OF MOTOR VEHICLES</b>	
5. Principal office address <b>300 Chestnut Ridge Road</b>		City <b>Woodcliff Lake</b>	State <b>NJ</b>
		Zip <b>07677</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Laurie Faig</b>		Contact Title <b>Tax Coordinator</b>	
Street Address <b>300 Chestnut Ridge Road-Attn:Tax Dept.</b>		City <b>Westwood</b>	State <b>NJ</b>
		Zip <b>07677</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>CT CORPORATION SYSTEM</b>		Address	
Address <b>10 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>

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



\* 1 1 2 3 9 4 \*

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.

Signature of Authorized Person

**9/6/02**  
Date

**Frank Wiczorek/Asst. Sec. -Taxation**  
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

### LIMITED LIABILITY COMPANY

ID Number FLLC 112394

Annual Report for the year 2001

1. The name of the limited liability company is:

BMW Financial Services NA, LLC

2. The address of the principal office of the limited liability company is:

300 Chestnut Ridge Road-Woodcliff Lake, NJ 07677

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET PROVIDENCE RI 02903-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: P.O. Box 1227-Attention: Tax Department  
Westwood, NJ 07675-1227

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Leasing of motor vehicles

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

BMW of North America, LLC

300 Chestnut Ridge Road-Woodcliff Lake, NJ 07677

Dated 9/10/01



1 1 2 3 9 4

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.

BMW Financial Services NA, LLC

Exact Name of Limited Liability Company

By

Frank Wieczorek

Assistant Secretary-Taxation

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-26-01</u>
Check No.:	<u>205281</u>
By:	<u>[Signature]</u>

Form No. 632  
Revised 01/99

#### DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040 or from our web site at [www.sos.state RI.us](http://www.sos.state RI.us)