



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>488033</b>		2. Exact name of the limited liability company CBA 2005-1 107-109 Garfield, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, operate and sell real esate.	
5. Principal office address 10851 Mastin Blvd., Suite 300		City Overland Park	State KS
		Zip 66210	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kevin C. Donahue		Contact Title Senior Vice Presient	
Street Address 10851 Mastin Blvd., Suite 300		City Overland Park	State KS
		Zip 66210	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Midland Loan Services, Inc.		Manager Name	
Street Address 10851 Mastin, Suite 300, Attn: REO Dept.		Street Address	
City Overland Park	State KS	Zip 66210	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City		State	
City		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

File Date 11-12-09  
Check No. 000046651  
By: mmc  
FOR SECRETARY OF STATE USE ONLY

Kevin Donahue 11/16/09  
Signature of Authorized Person Date  
Kevin Donahue, Sr Vice President of Midland  
Loan Services, Inc., its Manager  
Print or Type Name of Authorized Person