## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000001021

Entity Name: CHASE HOME FINANCE LLC

FILED Jaņ 03, 2<u>00</u>7 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

194 WOOD AVENUE SOUTH ISELIN, NJ 08830

**Current Mailing Address: New Mailing Address:** 

194 WOOD AVENUE SOUTH ISELIN, NJ 08830

FEI Number: 20-1897196 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

MANAGING MEMBERS/MANAGERS:

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.

SIGNATURE:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition MGR () Delete SCHARF, CHARLES W LOWMAN, DAVID B Name: Name:

270 PARK AVENUE Address: 194 WOOD AVENUE SOUTH, FLOOR 4 Address:

City-St-Zip: NEW YORK, NY 10017 City-St-Zip: ISELIN, NJ 08830

Title: MGR () Delete Title: () Change () Addition

GARVEY, THOMAS M Name: Name: Address: 194 WOOD AVENUE SOUTH Address: City-St-Zip: ISELIN, NJ 08830 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change ( ) Addition WIND, THOMAS L CONNER, BRAD L Name: Name:

194 WOOD AVENUE SOUTH 201 N.CENTRAL AVENUE, FLOOR 32 Address: Address:

City-St-Zip: ISELIN, NJ 08830 City-St-Zip: PHOENIX, AZ 85004

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: CONNER, BRAD L Name: GREAVES, KIM D

Address: 201 N CENTRAL AVE FL 32 Address: 3415 VISION DRIVE FLOOR 1 City-St-Zip: PHOENIX, AZ 85004 City-St-Zip: COLUMBUS, OH 43219

Title: MGR () Delete Title: MGR (X) Change ( ) Addition GREAVES, KIM D O'HARA, LAURA Name: Name:

3415 VISION DR FL 1 194 WOOD AVENUE SOUTH, FLOOR 2 Address: Address:

City-St-Zip: COLUMBUS, OH 43219 City-St-Zip: ISELIN, NJ 08830

Title: () Delete Title: () Change () Addition

MILLER JAMES A Name: Name: Address: 4501 NEW YORK AVE FL 1° Address: ARLINGTON, TX 76018 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: LAURA O'HARA 01/03/2007