

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000114345**

1. Entity Name  
**CHASE CAPITAL FUNDING, LLC**



Principal Place of Business  
**12603 NW 56TH DR.  
CORAL SPRINGS, FL 33076**

Mailing Address  
**12603 NW 56TH DR.  
CORAL SPRINGS, FL 33076**



01212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3856041**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**EROGLU, AHMET K MGR  
12603 NW 56TH DR  
CORAL SPRINGS, FL 33076**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000605851  
01/30/07-80047-003 55.00

**B. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EROGLU, AHMET K 12603 NW 56TH DR. CORAL SPRINGS, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR EROGLU, STACY T 12603 NW 56TH DR CORAL SPRINGS, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**AHMET K EROGLU**

**1-25-07**

Date

Daytime Phone #