2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# M05000001021

Entity Name: CHASE HOME FINANCE LLC

Current Principal Place of Business:

194 WOOD AVENUE SOUTH
ISELIN, NJ 08830

New Principal Place of Business:

194 WOOD AVENUE SOUTH
2ND FLOOR
ISELIN, NJ 08830

Current Mailing Address:

194 WOOD AVENUE SOUTH
ISELIN, NJ 08830

New Mailing Address:

194 WOOD AVENUE SOUTH
2ND FLOOR
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	LOWMAN, DAVID B	
Address:	194 WOOD AVENUE SOUTH, FLOOR 4	
City-St-Zip:	ISELIN, NJ 08830	
Title:	MGR	( ) Delete
Name:	O'HARA, LAURA	
Address:	194 WOOD AVENUE SOUTH	
City-St-Zip:	ISELIN, NJ 08830	
Title:	MGR	( ) Delete
Name:	CONNER, BRAD L	
Address:	201 N.CENTRAL AVENUE, FLOOR 32	
City-St-Zip:	PHOENIX, AZ 85004	
Title:	MGR	( ) Delete
Name:	GREAVES, KIM D	
Address:	3415 VISION DRIVE FLOOR 1	
City-St-Zip:	COLUMBUS, OH 43219	
Title:	MGR	( ) Delete
Name:	SANCHEZ, PABLO	
Address:	1390 TIMBERLAKE MANOR PKWY, FLOOR 1	
City-St-Zip:	CHESTERFIELD, MO 63017	
Title:	MGR	( ) Delete
Name:	MILLER, JAMES A	
Address:	4501 NEW YORK AVE FL 1	
City-St-Zip:	ARLINGTON, TX 76018	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: LAUREN V. HARRIS AS 02/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date