


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M06000001515	
1. Entity Name CIT ACCEPTANCE LLC	

Principal Place of Business 2180 SOUTH 1300 EAST, STE 250 SALT LAKE CITY, UT 84106	Mailing Address 2180 SOUTH 1300 EAST, STE 250 SALT LAKE CITY, UT 84106
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1 CIT Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Livingston, NJ 07039
Zip	Country

FILED
07 MAY 23 PM 1:35
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

05032007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHESLER, RANDALL M 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECY LINDA SEUFERT 1 CIT DR. LIVINGSTON, NJ 07039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIES, TIMOTHY 2180 SOUTH 1300 EAST, STE 250 SALT LAKE CITY, UT 84106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103905632 06/05/07--01015--009 **4650.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAKE, RICHARD P 2180 SOUTH 1300 EAST, STE 250 SALT LAKE CITY, UT 84106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7611 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LAKE, RICHARD P 2180 SOUTH 1300 EAST, STE 250 SALT LAKE CITY, UT 84106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MAGEE, MICHAEL 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIES, TIMOTHY 2180 SOUTH 1300 EAST, STE 250 SALT LAKE CITY, UT 84106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Seufert LINDA SEUFERT 5/4/07 973-740-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #