2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# M06000004538

Entity Name: FORD MOTOR CREDIT CSV LLC

Current Principal Place of Business:

WHQ ROOM 615-A5,ONE AMERICAN ROAD
DEARBORN, MI 48126

New Principal Place of Business:

ONE AMERICAN ROAD
DEARBORN, MI 48126

Current Mailing Address:

WHQ ROOM 615-A5,ONE AMERICAN ROAD
DEARBORN, MI 48126

New Mailing Address:

TAX DEPARTMENT, WHQ ROOM 612
ONE AMERICAN ROAD
DEARBORN, MI 48126

FEI Number: 56-2581082 **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:	ANGELO, BERNARD J	
Address:	25 W. 43RD ST. STE 704	
City-St-Zip:	NEW YORK, NY 10036	
Title:	MGR	( ) Delete
Name:	CARNARVON, JANE	
Address:	ONE AMERICAN ROAD	
City-St-Zip:	DEARBORN, MI 48126	
Title:	MGR	( ) Delete
Name:	THOMAS, SUSAN	
Address:	ONE AMERICAN ROAD	
City-St-Zip:	DEARBORN, MI 48126	
Title:	MGR	(X) Delete
Name:	CARNARVON, JANE L	
Address:	ONE AMERICAN ROAD	
City-St-Zip:	DEARBORN, MI 48126	
Title:	MGR	(X) Delete
Name:	HARRIS, MARION	
Address:	ONE AMERICAN ROAD	
City-St-Zip:	DEARBORN, MI 48126	
Title:	AS	(X) Delete
Name:	GOOD, CARL L	
Address:	ONE AMERICAN ROAD	
City-St-Zip:	DEARBORN, MI 48126	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	HARRIS, MARION	
Address:	ONE AMERICAN ROAD	
City-St-Zip:	DEARBORN, MI 48126	
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: SUSAN THOMAS MGR 04/21/2009

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