

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001544

Entity Name: MERICAP FUNDING, LLC

**FILED**  
**May 13, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1415 WEST 22ND STREET, SUITE 550E  
OAK BROOK, IL 60523

**New Principal Place of Business:**

3333 WARRENVILLE ROAD  
SUITE 325  
LISLE, IL 60532

**Current Mailing Address:**

1415 WEST 22ND STREET, SUITE 550E  
OAK BROOK, IL 60523

**New Mailing Address:**

P.O. BOX 9276  
LOMBARD, IL 60148

FEI Number: 20-4660329

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: MGRM ( ) Delete  
Name: MERICAP CREDIT CORPO, RATION  
Address: 1415 WEST 22ND STREET, SUITE 550E  
City-St-Zip: OAK BROOK, IL 60523

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MERICAP CREDIT CORPO, RATION  
Address: 3333 WARRENVILLE ROAD, SUITE 326  
City-St-Zip: LISLE, IL 60532

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: ROSALIE REYNOLDS

SEC

05/13/2008

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