

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000522

FILED
May 16, 2006
Secretary of State

Entity Name: CIT FUNDING COMPANY, LLC

Current Principal Place of Business:

1 CIT DRIVE
LIVINGSTON, NJ 07039

New Principal Place of Business:

Current Mailing Address:

1 CIT DRIVE
1320-1
LIVINGSTON, NJ 07039

New Mailing Address:

FEI Number: 22-3634034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: D () Delete
Name: FIGUEROA, ORLANDO
Address: C/O LORD SECURITIES, 48 WALL ST
City-St-Zip: NEW YORK, NY 10005

Title: D () Delete
Name: ABEDINE, BENJAMINE B
Address: C/O LORD SECURITIES, 48 WALL ST
City-St-Zip: NEW YORK, NY 10005

Title: VP () Delete
Name: INGATO, ROBERT J
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: VT () Delete
Name: VOTEK, GLENN
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: VS () Delete
Name: MANDELBAUM, ERIC
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: AS () Delete
Name: SEUFERT, LINDA M
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

ADDITIONS/CHANGES:

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

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

Title: EVP (X) Change () Addition
Name: INGATO, ROBERT J
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: DT (X) Change () Addition
Name: VOTEK, GLENN
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: S (X) Change () Addition
Name: MANDELBAUM, ERIC
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA SEUFERT

AS

05/16/2006

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