2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M99000000522

1. Entity Name
CIT FUNDING COMPANY, LLC

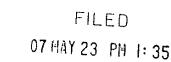


Principal Place of Business

1 CIT DRIVE LIVINGSTON, NJ 07039 Mailing Address

1 CIT DRIVE 1320-1

LIVINGSTON, NJ 07039



TEL MIA SEE, FLORIDA



05042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-3634034

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

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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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating

DATE

Filing Fee is \$50.00 Due by September 14, 2007

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|--|
| TITLE NAME | D FIGUEROA, ORLANDO |
| STREET ADDRESS CITY-ST-ZIP | C/O LORD SECURITIES, 48 WALL ST NEW YORK, NY 10005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABEDINE, BENJAMINE B C/O LORD SECURITIES, 48 WALL ST NEW YORK, NY 10005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP INGATO, ROBERT J 1 CIT DRIVE LIVINGSTON, NJ 07039 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT VOTEK, GLENN 1 CIT DRIVE LIVINGSTON, NJ 07039 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MANDELBAUM, ERIC 1 CIT DRIVE LIVINGSTON, NJ 07039 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SEUFERT, LINDA M 1 CIT DRIVE LIVINGSTON, NJ 07039 |

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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: MULL MANUEL LINDA M. SEUFEK.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6007 973-740-5796

Daytime Phone #