

# 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

FILED

07 MAY 23 PM 1:35

STATE  
FLORIDA



05042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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IN THIS SPACE**

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 M. Seufert* LINDA M. SEUFERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/4/2007 973-740-5796