

A. Ralph Mollis, Secretary of State
Corporations Division
1-18 W. River Street
Providence, RI 02904-2615
401,222,3040

2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 20

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

	 							
I. ID No.		2. Exact name of the limited liability company						
123152	Hertz V	tz Vehicle Financing LLC						
3. State of Formation DELAWARE				th is actually conducted in Rhode Island SSUE SECURITIES BACKED BY				
5. Principal office address			City	State		Zip		
225 Brae Boulevard			Park Ridge	NJ		07656		
6. MAILING ADDRE	ss of li	MITED LIABILITY O	OMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:			
Contact Name				Contact Title				
Thomas A. Vairo				Assistant Secretary				
Street Address				City:	State		Zip	
225 Brae Boulevard				Park Ridge	NJ		07656	
7. NAME AND ADDI	RESS OF			LITY COMPANY, IF APPLICAB CHMENTS ("X" BOX FOR ATT Manager Name		OT LIST I	MEMBERS	
Street Address				Street Address				
Gity -		State	Zip	City	State		Zip	
Manager Name				Manager Name				
Street Address				Street Address				
City		State	Zip	City	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name CT CORPORATION SYSTEM				require filing of Form 642 - R.I.G.L. 7-16-11 Address				
Address 10 WEYBOSSET STREET				PROVIDENCE	Zip 0290		103-	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	FILED
File Date	OCT 2.5 2007
Check No.	
D	By 7883505
Ву:	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained, herein are true and correct.

Signature of Authorized Person

Date

Thomas A. Vairo, Assistant Secretary

The Hertz Corporation, Member

Print or Type Name of Authorized Person