


**FILED**  
**Aug 12, 2008 8:00 am**  
**Secretary of State**

08-12-2008 90005 023 \*\*\*543.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L04000094041**  
 1. Entity Name  
**BLUE HULL PASSAGE, LLC**



Principal Place of Business 165 S. BEACH ROAD HOBE SOUND, FL 33455	Mailing Address 165 S. BEACH ROAD HOBE SOUND, FL 33455
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**DO NOT WRITE IN THIS SPACE**

**50009357**



08082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2137342	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HAUSLEIN, JAMES N  
 165 S. BEACH ROAD  
 HOBE SOUND, FL 33455

**DO NOT WRITE IN THIS SPACE**

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75**  
 Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAUSLEIN, JAMES N 165 SOUTH BEACH ROAD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAFORGE, W DANA 275 CENTRAL PARK WEST NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:** *James N. Hauslein*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**8.8.08** 212-207-9884  
 Date Daytime Phone