2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State
01-13-2004 90040 044 ****50.00

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1. Entity Name
BLX CAPITAL, LLC

Principal Place of Business	Mailing Address
645 MADISON AVENUE, 19TH FLOOR NEW YORK, NY 10022	645 MADISON AVENUE, 19TH FLOOR NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE

01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
13-3835694
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TANNENHAUSER, ROBERT
STREET ADDRESS	645 MADISON AVENUE, 19TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	GOLDSTEIN, JENNIFER
STREET ADDRESS	645 MADISON AVENUE, 19TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	SWEENEY, JOAN
STREET ADDRESS	1919 PENNSYLVANIA AVENUE, NW
CITY-ST-ZIP	WASHINGTON, DC 20006
TITLE	MGR
NAME	DELDONNA, CHRISTINA
STREET ADDRESS	1919 PENNSYLVANIA AVENUE, NW
CITY-ST-ZIP	WASHINGTON, DC 20006
TITLE	MGR
NAME	WALTON, WILLIAM
STREET ADDRESS	1919 PENNSYLVANIA AVENUE, NW
CITY-ST-ZIP	WASHINGTON, DC 20006
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 exemption stated in Section 119.07(3)(i), 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: Michael Cohen 1-8-2004 (212) 751-5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #