2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State
02-15-2006 90133 026 ****50.00

DOCUMENT # M03000002162

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

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1633 Broadway	1633 Broadway
Suite, Apt. #, etc.: 39Th Floor	Suite, Apt. #, etc.: 39Th Floor
City & State: New York NY	City & State: New York NY
Zip: 10019 Country: New York	Zip: 10019 Country: New York

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TANNENHAUSER, ROBERT 645 MADISON AVENUE, 19TH FLOOR NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GOLDSTEIN, JENNIFER 645 MADISON AVENUE, 19TH FLOOR NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SWEENEY, JOAN 1919 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20006	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DELDONNA, CHRISTINA 1919 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WALTON, WILLIAM 1919 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20006	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ VP 1/31/06 646 723 5192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #