

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**

50009357



08082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2137342

Applied For
☐ Not Applicable

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**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAUSLEIN, JAMES N
STREET ADDRESS	165 SOUTH BEACH ROAD
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	MGRM
NAME	LAForge, W DANA
STREET ADDRESS	275 CENTRAL PARK WEST
CITY-ST-ZIP	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	

**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

8.8.08 212-207-7884
Date Daytime Phone