

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90182 043 ****55.00

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1. Entity Name
BLX COMMERCIAL CAPITAL, LLC



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

Mailing Address
645 MADISON AVENUE, 19TH FLOOR
NEW YORK, NY 10022

20002403



DO NOT WRITE IN THIS SPACE

01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
04-3739538

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TANNENHAUSER, ROBERT
645 MADISON AVENUE, 19TH FLOOR
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GOLDSTEIN, JENNIFER
645 MADISON AVENUE, 19TH FLOOR
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SWEENEY, JOAN
1919 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DELDONNA, CHRISTINA
1919 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WALTON, WILLIAM
1919 PENNSYLVANIA AVENUE, NW
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

VP Corporate Compliance

1/5/05

646-452-6346