


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90133 028 ****50.00

| | |
|--|---|
| DOCUMENT # M03000002199 |  |
| 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 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business 1633 Broadway Suite, Apt. #, etc. 39th Floor City & State New York NY Zip 10019 Country UNITED STATES | 3. Mailing Address 1633 Broadway Suite, Apt. #, etc. 39th Floor City & State New York NY Zip 10019 Country United States |
|---|---|

1st MOORE CR2E083 (10/05)

| | |
|--|--|
| 4. FEI Number 04-3739538 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | |
| 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GOLDSTEIN, JENNIFER 645 MADISON AVENUE, 19TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SWEENEY, JOAN 1919 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20006 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR DELONNA, CHRISTINA 1919 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20006 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR WALTON, WILLIAM 1919 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20006 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

UP

1/31/06 646.723.5792