

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002199

Entity Name: BLX COMMERCIAL CAPITAL, LLC

FILED
Feb 21, 2007
Secretary of State

Current Principal Place of Business:

1633 BROADWAY
39TH FLOOR
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

1633 BROADWAY
39TH FLOOR
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 04-3739538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TANNENHAUSER, ROBERT
Address: 645 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: GOLDSTEIN, JENNIFER
Address: 645 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: DELDONNA, CHRISTINA
Address: 1919 PENNSYLVANIA AVENUE, NW
City-St-Zip: WASHINGTON, DC 20006

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JENNIFER GOLDSTEIN

EVP

02/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date