



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

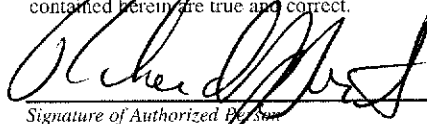
|                                                                                                                                                                                                               |             |                                                                                                                  |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------|--------------|
| 1. ID No.<br>152459                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>Koffler Associates Hedge Portfolio, LLC                        |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Investments |              |
| 5. Principal office address<br>10 Memorial Blvd Suite 901                                                                                                                                                     |             | City<br>Providence                                                                                               | State<br>RI  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br>Richard J. Bornstein                                                                                  |             | Contact Title<br>Manager                                                                                         | Zip<br>02903 |
| Street Address<br>10 Memorial Blvd Suite 901                                                                                                                                                                  |             | City<br>Providence                                                                                               | State<br>RI  |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             | Zip<br>02903                                                                                                     |              |
| Manager Name<br>Richard J. Bornstein                                                                                                                                                                          |             | Manager Name<br>Terri Chernick                                                                                   |              |
| Street Address<br>10 Memorial Blvd Suite 901                                                                                                                                                                  |             | Street Address<br>10 Memorial Blvd Suite 901                                                                     |              |
| City<br>Providence                                                                                                                                                                                            | State<br>RI | City<br>Providence                                                                                               | State<br>RI  |
| Zip<br>02903                                                                                                                                                                                                  |             | Zip<br>02903                                                                                                     |              |
| Manager Name                                                                                                                                                                                                  |             | Manager Name                                                                                                     |              |
| Street Address                                                                                                                                                                                                |             | Street Address                                                                                                   |              |
| City                                                                                                                                                                                                          | State       | City                                                                                                             | State        |
| Zip                                                                                                                                                                                                           |             | Zip                                                                                                              |              |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                                      |             |                                                                                                                  |              |
| Agent Name<br>Montaquila & Summer, PC                                                                                                                                                                         |             | Address                                                                                                          |              |
| Address<br>400 Reservoir Avenue, Suite 3A                                                                                                                                                                     |             | City<br>Providence                                                                                               | Zip<br>02907 |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

152459

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>OCT 10 2008</b> |
| By:                             | <b>1533</b>        |
| FOR SECRETARY OF STATE USE ONLY |                    |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 9/4/08  
Signature of Authorized Person Date

Richard J. Bornstein

Print or Type Name of Authorized Person