

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000095930

**FILED**  
**Mar 21, 2008**  
**Secretary of State**

**Entity Name:** STRUCTURED SETTLEMENT ADVISORS, LLC

**Current Principal Place of Business:**

3370 NE 190TH STREET UNIT 1205  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3370 NE 190TH STREET UNIT 1205  
AVENTURA, FL 33180

**New Mailing Address:**

5490 NEW WELLINGTON CLOSE NW  
ATLANTA, GA 30327

**FEI Number:** 20-3424692      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RAPPAPORT, EDWARD  
1015 E. HERITAGE CLUB CIRCLE  
DELRAY BEACH, FL 33483    US

**Name and Address of New Registered Agent:**

RAPPAPORT, EDWARD  
3427 NORFOLK STREET  
POMPANO BEACH, FL 33062    US

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: EDWARD RAPPAPORT

03/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RAPPAPORT, BRENDA  
Address: 3370 NE 190TH STREET UNIT 1205  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: BRENDA RAPPAPORT

MGR

03/21/2008

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