2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 06, 2007
Secretary of State

DOCUMENT# L05000009915

Entity Name: BDA AMELIA MANAGEMENT, LLC

Current Principal Place of Business:

961687 GATEWAY BOULEVARD
SUITE 201-N
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

14881 QUORUM DRIVE
SUITE 950
DALLAS, TX 75254

New Mailing Address:

P.O. BOX 2013 #351
AUSTIN, TX 78768

FEI Number: 20-2254875 **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:

MAXWELL, DOUGLAS R
10739 DEERWOOD PARK BLVD., SUITE 200A
JACKSONVILLE, FL 32256 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: DOUGLAS MAXWELL

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AMES, CHARLES D
Address: 14881 QUORUM DRIVE, SUITE 950
City-St-Zip: DALLAS, TX 75254

Title: MGR ( ) Delete
Name: BLATT, JEFFREY T
Address: 500 WEST 16TH STREET, SUITE 102
City-St-Zip: AUSTIN, TX 78701

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: BLATT, JEFFREY T
Address: P.O. BOX 2013 #351
City-St-Zip: AUSTIN, TX 78768

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: JEFFREY T. BLATT MGR 11/06/2007

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