
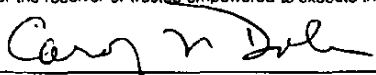


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-05-2006 90033 036 ****50.00

DOCUMENT # M05000000527 1. Entity Name SAMSON CAPITAL ADVISORS LLC																																																																																																																													
Principal Place of Business 598 MADISON AVENUE, 7TH FLOOR NEW YORK NY 10022			Mailing Address 598 MADISON AVENUE, 7TH FLOOR NEW YORK NY 10022																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number 90-0165196																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent SAMSON CAPITAL ADVISORS 420 ROYAL PALM WAY PALM BEACH FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 terminating) _____ DATE _____																																																																																																																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																																																																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DOLAN, CAROLYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>598 MADISON AVENUE, 7TH FLOOR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NEW YORK NY 10022</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOMPSON, BEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>598 MADISON AVENUE, 7TH FLOOR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NEW YORK NY 10022</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HALDEMAN, JOHN "JACK"</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>598 MADISON AVENUE, 7TH FLOOR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NEW YORK NY 10022</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZUCKERBERG, ROY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>598 MADISON AVENUE, 7TH FLOOR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NEW YORK NY 10022</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROUS, NILS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>598 MADISON AVENUE, 7TH FLOOR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NEW YORK NY 10022</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STANTON, DAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>598 MADISON AVENUE, 7TH FLOOR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NEW YORK NY 10022</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	DOLAN, CAROLYN		STREET ADDRESS	598 MADISON AVENUE, 7TH FLOOR		CITY- ST- ZIP	NEW YORK NY 10022		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	THOMPSON, BEN		STREET ADDRESS	598 MADISON AVENUE, 7TH FLOOR		CITY- ST- ZIP	NEW YORK NY 10022		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	HALDEMAN, JOHN "JACK"		STREET ADDRESS	598 MADISON AVENUE, 7TH FLOOR		CITY- ST- ZIP	NEW YORK NY 10022		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ZUCKERBERG, ROY		STREET ADDRESS	598 MADISON AVENUE, 7TH FLOOR		CITY- ST- ZIP	NEW YORK NY 10022		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	BROUS, NILS		STREET ADDRESS	598 MADISON AVENUE, 7TH FLOOR		CITY- ST- ZIP	NEW YORK NY 10022		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	STANTON, DAN		STREET ADDRESS	598 MADISON AVENUE, 7TH FLOOR		CITY- ST- ZIP	NEW YORK NY 10022		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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:  <div style="float: right; text-align: right;"> 4/12/06 212-300-1616 <small>Date Daytime Phone #</small> </div>																																																																																																																													

ATTACHMENT
300 16377



MARY L. WALSH, CPA
CONTROLLER

June 7, 2006

Division of Corporations
PO-Box 6478
Tallahassee, FL 32314

Ref. # - M05000000527

Dear Sir/Madam:

Enclosed please find our revised annual report.

Sincerely,

A handwritten signature in cursive script that reads "Mary L. Walsh".