

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000000527

FILED
Oct 03, 2007
Secretary of State

Entity Name: SAMSON CAPITAL ADVISORS LLC

Current Principal Place of Business:

598 MADISON AVENUE, 7TH FLOOR
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

598 MADISON AVENUE, 7TH FLOOR
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 90-0165196 **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:

Name and Address of New Registered Agent:

SAMSON CAPITAL ADVISORS
420 ROYAL PALM WAY
PALM BEACH, FL 33480 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: MARY WALSH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DOLAN, CAROLYN
Address: 598 MADISON AVENUE, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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

Title: MGRM () Delete
Name: THOMPSON, BEN
Address: 598 MADISON AVENUE, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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

Title: MGRM () Delete
Name: HALDEMAN, JOHN
Address: 598 MADISON AVENUE, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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

Title: MGRM () Delete
Name: ZUCKERBERG, ROY
Address: 598 MADISON AVENUE, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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

Title: MGRM () Delete
Name: BROUS, NILS
Address: 598 MADISON AVENUE, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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

Title: MGRM () Delete
Name: STANTON, DAN
Address: 598 MADISON AVENUE, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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: MARY WALSH

CONT

10/03/2007

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