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**Florida Department of State**  
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**To:**

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Fax Number : (850) 617-6383

**From:**

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

*Kimberly X.2949*

**LIMITED LIABILITY REINSTATEMENT**

**ERT AUSMGT GP LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 02       |
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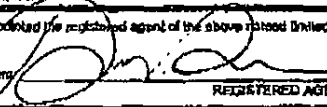
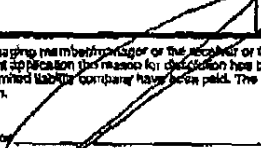
C S C

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                         |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |                    |
| <b>DOCUMENT #</b> M05000004345<br>1. Limited Liability Company's Name<br><b>ERT AusMgt GP LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                                                         |                    |
| 2. Principal Office Address - No P.O. Box #<br><b>420 Lexington Avenue</b><br>Suite, Apt. #, etc.<br><b>7th Floor</b><br>City & State<br><b>New York, New York</b><br>Zip<br><b>10170</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 3. Mailing Office Address<br><b>420 Lexington Avenue</b><br>Suite, Apt. #, etc.<br><b>7th Floor</b><br>City & State<br><b>New York, New York</b><br>Zip<br><b>10170</b> |                    |
| 4. State/Country of Formation<br><b>Delaware</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 5. Date Organized or Qualified To Do Business in Florida<br><b>08/04/2005</b>                                                                                           |                    |
| 6. FID Number<br><b>20-3149181</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                  |                    |
| 7. CERTIFICATE OF STATUS OBTAINED <input type="checkbox"/> <b>\$500</b> Additional Fee required (see Certificate of Status)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                                                                         |                    |
| <input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                         |                    |
| 8. Name and Address of Current Registered Agent<br>Name<br><b>Corporation Service Company</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1201 Hays Street</b><br>Suite, Apt. #, Etc.<br>City<br><b>Tallahassee</b>                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                                         |                    |
| State<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                                                                         |                    |
| Zip Code<br><b>32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                                                         |                    |
| 9. I, being appointed the registered agent of the above named Limited Liability company, am familiar with and accept the obligations of Chapter 608, F.S.<br>Signature of Registered Agent  <b>Dona L. Priebe, Assistant VP</b> Date <b>1-9-09</b><br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                          |                                 |                                                                                                                                                                         |                    |
| 10. Names and Street Addresses of Managing Members/Managers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                                                                         |                    |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name of Managing Member/Manager | Street Address of Each Managing Member/Manager                                                                                                                          | City / State / Zip |
| MGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Steven F. Siegel                | 420 Lexington Avenue                                                                                                                                                    | New York, NY 10170 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                         |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                         |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                         |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                         |                    |
| 11. I certify that I am managing member/manager or the registered agent or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. |                                 |                                                                                                                                                                         |                    |
| Signature of Managing Member/Manager  Date <b>1/6/2009</b> Daytime Phone # <b>212-869-3000</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                                                         |                    |
| Typed or printed name of signing Managing Member/Manager <b>Steven F. Siegel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                                                         |                    |

REINSTATEMENT 07-09 AL