

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000006062

**FILED**  
**Oct 12, 2007**  
**Secretary of State**

**Entity Name:** BROAD STREET ADVISORS, LLC

**Current Principal Place of Business:**

37 NORTH ORANGE AVE. SUITE 500  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

37 NORTH ORANGE AVE. SUITE 500  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 30-0323340      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: ANTHONY LICAUSI - VICE PRESIDENT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: ELLSWORTH, FREDERICK  
Address: 100 PARK AVENUE, 29TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

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

Title: MGR ( ) Delete  
Name: BROEMMER, KEITH  
Address: 100 PARK AVENUE, 29TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

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

Title: MGR ( ) Delete  
Name: GOODWIN, JAMES HUNTER  
Address: 100 PARK AVENUE, 29TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

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

Title: MGR ( ) Delete  
Name: RIZZI, ROBERT  
Address: 100 PARK AVENUE, 29TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

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

Title: MGR ( ) Delete  
Name: WILSON, ROBERT  
Address: 100 PARK AVENUE, 29TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

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: ROBERT WILSON

MGR

10/12/2007

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