

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# M98000000679

Entity Name: ARCHON FINANCIAL, LLC

Current Principal Place of Business:

600 E. LAS COLINAS BLVD., SUITE 450
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

600 E. LAS COLINAS BLVD., SUITE 450
IRVING, TX 75039

New Mailing Address:

FEI Number: 75-2734174 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:

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: PETER SOUZA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: OSBORNE, JOSEPH M
Address: 600 E. LAS COLINAS BLVD., SUITE 450
City-St-Zip: IRVING, TX 75039

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

Title: MGR () Delete
Name: WEISS, MARK
Address: 85 BROAD STREET
City-St-Zip: NEW YORK, NY 10004

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

Title: MGR () Delete
Name: SOBEL, JONATHAN
Address: 85 BROAD STREET
City-St-Zip: NEW YORK, NY 10004

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

Title: MGR () Delete
Name: SPARKS, DANIEL L
Address: 85 BROAD STREET
City-St-Zip: NEW YORK, NY 10004

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

Title: MGR () Delete
Name: CHRISTIE, ROBERT J
Address: 85 BROAD STREET
City-St-Zip: NEW YORK, NY 10004

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

Title: MGR () Delete
Name: CONWAY, JAMES F
Address: 600 E. LAS COLINAS BLVD., SUITE 450
City-St-Zip: IRVING, TX 75039

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH M. OSBORNE

MGR

10/06/2005

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