

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000017564

1. Entity Name
SENDERA PARK SOUTH APARTMENTS, LLC



Principal Place of Business
545 E. JOHN CARPENTER FWY, STE. 505
IRVING, TX 75062

Mailing Address
545 E. JOHN CARPENTER FWY, STE. 505
IRVING, TX 75062

FILED
04 OCT 29 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
1431 Greenway Dr.

Suite, Apt. #, etc.
Suite 710

City & State
Irving, TX

Zip
75038

Country
USA

3. Mailing Address
1431 Greenway Dr.

Suite, Apt. #, etc.
Suite 710

City & State
Irving, TX

Zip
75038

Country
USA

10262004 REIN-LLC CR2E101 (6/04)

4. FEI Number 061695036

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Connie Bynum Special Agent Sec'y
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

10/29/04
DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SENDERA INVESTMENT GP, LLC
545 E. JOHN CARPENTER FWY, STE. 505
IRVING, TX 75062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2004 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1431 Greenway Dr., Suite 710
Irving, TX 75038 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
900042479889
11/04/04--01054--007 **\$5.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/26/04
Date

972-869-5400
Daytime Phone #