


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # M03000001496**

1. Entity Name  
**SENDERA INVESTMENT GP, LLC**



**FILED**  
04 OCT 29 PM 5:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**C/O SENDERA INVESTMENT GROUP, L.L.C.  
545 E. JOHN CARPENTER FREEWAY, STE. 550  
IRVING, TX 75062**

Mailing Address  
**C/O SENDERA INVESTMENT GROUP, L.L.C.  
545 E. JOHN CARPENTER FREEWAY, STE. 550  
IRVING, TX 75062**



2. Principal Place of Business  
**1431 Greenway Dr.  
Suite 710  
Irving, TX  
75038 USA**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
City & State  
Zip  
Country

10262004 REIN-LLC CR2E101 (6/04)

4. FEI Number  
**75-3060714**

Applied For  
 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 Boyer Special Asst. Secretary* DATE 10/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DAVIS, GARY E<br>545 E. JOHN CARPENTER FREEWAY, SUITE 550<br>IRVING, TX 75062 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DAVIS, CHRISTOPHER M<br>545 E. JOHN CARPENTER FREEWAY, SUITE 550<br>IRVING, TX 75062 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DAVIS, JACK E<br>545 E. JOHN CARPENTER FREEWAY, SUITE 550<br>IRVING, TX 75062 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1431 Greenway Dr Suite 710<br>Irving, TX 75038 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1431 Greenway Dr. Ste 710<br>Irving, TX 75038  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1431 Greenway Dr. Ste 710<br>Irving, TX 75038  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

REINSTATEMENT 2004

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: *Paul [Signature]* DATE: 10/26/04 DAYTIME PHONE #: 912-869-5400

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