

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017564

1. Entity Name

SENDERA PARK SOUTH APARTMENTS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 15 AM 9:53

Principal Place of Business

1431 GREENWAY DRIVE, SUITE 710  
IRVING, TX 75038

Mailing Address

1431 GREENWAY DRIVE, SUITE 710  
IRVING, TX 75038

**DO NOT WRITE IN THIS SPACE**



08032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

06-1695036

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$80.00  
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

|                |                                        |
|----------------|----------------------------------------|
| TITLE          | MGRM                                   |
| NAME           | SENDRA INVESTMENT GP, LLC              |
| STREET ADDRESS | 1431 GREENWAY DRIVE, SUITE 710         |
| CITY-ST-ZIP    | IRVING, TX 75038                       |
| TITLE          |                                        |
| NAME           | <i>Change of address:</i>              |
| STREET ADDRESS |                                        |
| CITY-ST-ZIP    |                                        |
| TITLE          |                                        |
| NAME           | SENDERA INVESTMENT GP, LLC             |
| STREET ADDRESS | 4301 WESTBANK DRIVE, BLDG B, SUITE 210 |
| CITY-ST-ZIP    | AUSTIN, TEXAS 78746                    |
| TITLE          |                                        |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY-ST-ZIP    |                                        |
| TITLE          |                                        |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY-ST-ZIP    |                                        |

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*John E. Davis*  
JOHN E. DAVIS

9/20/05

512-439-1197