


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000017564</b>		
1. Entity Name <b>SENDERA PARK SOUTH APARTMENTS, LLC</b>		
Principal Place of Business <b>545 E. JOHN CARPENTER FWY, STE. 505 IRVING, TX 75062</b>	Mailing Address <b>545 E. JOHN CARPENTER FWY, STE. 505 IRVING, TX 75062</b>	
2. Principal Place of Business <b>1431 Greenway Dr.</b>	3. Mailing Address <b>1431 Greenway Dr.</b>	
Suite, Apt. #, etc. <b>Suite 710</b>	Suite, Apt. #, etc. <b>Suite 710</b>	
City & State <b>Irving, TX</b>	City & State <b>Irving, TX</b>	
Zip <b>75038</b>	Country <b>USA</b>	Zip <b>75038</b>
	Country <b>USA</b>	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10262004 REIN-LLC CR2E101 (6/04)

4. FEI Number <b>061695036</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <span style="float: right;"><b>FL</b> Zip Code</span>

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 Asst. Secy DATE 10/29/04

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

<b>FILE NOW!!! FEE IS \$50.00</b> 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.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SENDERA INVESTMENT GP, LLC</b> <b>545 E. JOHN CARPENTER FWY, STE. 505</b> <b>IRVING, TX 75062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1431 Greenway Dr., Suite 710</b> <b>Irving, TX 75038</b>
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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: [Signature] Date 10/26/04 Daytime Phone # 972-869-5400

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