

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 <input type="checkbox"/> | \$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$80.00
Due by September 7, 2005 *150.00*

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SENDRA INVESTMENT GP, LLC 1431 GREENWAY DRIVE, SUITE 710 IRVING, TX 75038 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Change of address:</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SENDERA INVESTMENT GP, LLC 4301 WESTBANK DRIVE, BLDG B, SUITE 210 AUSTIN, TEXAS 78746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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200061451462
12/15/05-01078-013 **150.00

REINSTATEMENT *2005*

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]* **WALKER E. DAVIS** *9/20/05* *512-439-1197*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #