

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058653

1. Entity Name
SENDERA HBC APARTMENTS, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 14 AM 10:52

Principal Place of Business 1431 GREENWAY DRIVE SUITE 710 IRVING, TX 75038	Mailing Address 1431 GREENWAY DRIVE SUITE 710 IRVING, TX 75038
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Change of Address!

2. Principal Place of Business Suite, Apt. #, etc. 4301 WESTBANK DR. BUILDING B SUITE 370	3. Mailing Address Suite, Apt. #, etc.
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City & State AUSTIN, TX	City & State
Zip 78746	Zip
Country	Country



08032005 - Chg-LLC - CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

4. FET Number Applied For
 Not Applicable

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

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

Filing Fee is \$50.00 Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENDERA INVESTMENT GP, LLC 1431 GREENWAY DRIVE, SUITE 710 IRVING, TX 75038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061913026 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/05/05--01059--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Jack E. Davis* JACK E. DAVIS 9/20/05 512-439-1197