


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90149 041 \*\*\*\*50.00

**DOCUMENT # M03000000410**

1. Entity Name  
**DORCHESTER MINERALS MANAGEMENT GP LLC**



Principal Place of Business  
**3838 OAK LAWN AVE.  
 SUITE 300  
 DALLAS, TX 75219-4541**

Mailing Address  
**3838 OAK LAWN AVE.  
 SUITE 300  
 DALLAS, TX 75219-4541**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**81-0565475**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

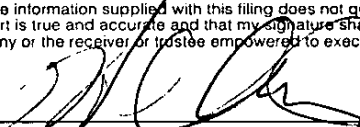
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCMANEMIN, WILLIAM CASEY	
STREET ADDRESS	3838 OAK LAWN AVENUE STE 300	
CITY-ST-ZIP	DALLAS TX, TX 75219	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALLEN JR, H.C.	
STREET ADDRESS	3838 OAK LAWN AVENUE STE 300	
CITY-ST-ZIP	DALLAS TX, TX 75219	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RALEY, JAMES E	
STREET ADDRESS	3838 OAK LAWN AVENUE STE 300	
CITY-ST-ZIP	DALLAS TX, TX 75219	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PEAK, PRESTON A	
STREET ADDRESS	3838 OAK LAWN AVENUE STE 300	
CITY-ST-ZIP	DALLAS TX, TX 75219	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VAUGHN, ROBERT C	
STREET ADDRESS	3838 OAK LAWN AVENUE STE 300	
CITY-ST-ZIP	DALLAS TX, TX 75219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75219	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75219	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75219	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **H. C. Allen, Jr. CFO** 1/12/06 (214) 559-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #