

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000410

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** DORCHESTER MINERALS MANAGEMENT GP LLC

**Current Principal Place of Business:**

3838 OAK LAWN AVE.  
SUITE 300  
DALLAS, TX 752194541

**New Principal Place of Business:**

**Current Mailing Address:**

3838 OAK LAWN AVE.  
SUITE 300  
DALLAS, TX 752194541

**New Mailing Address:**

**FEI Number:** 81-0565475      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCMANEMIN, WILLIAM C  
Address: 3838 OAK LAWN AVENUE STE 300  
City-St-Zip: DALLAS, TX 752194541

Title: MGRM  
Name: ALLEN, H. C JR.  
Address: 3838 OAK LAWN AVENUE STE 300  
City-St-Zip: DALLAS, TX 752194541

Title: MGRM  
Name: RALEY, JAMES E  
Address: 3838 OAK LAWN AVENUE STE 300  
City-St-Zip: DALLAS, TX 752194541

Title: MGRM  
Name: PEAK, PRESTON A  
Address: 3838 OAK LAWN AVENUE STE 300  
City-St-Zip: DALLAS, TX 752194541

Title: MGRM  
Name: VAUGHN, ROBERT C  
Address: 3838 OAK LAWN AVENUE STE 300  
City-St-Zip: DALLAS, TX 752194541

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

04/15/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date