2004 LIMITED LIABILITY COMPANY

REINSTATEMENT							
DOCU	MEN7 # M03000001			•			
	1. Entity Name SENDERA INVESTMENT GP, LLC					: D	
SENDERA NAVESTALIAT OF, LEG)4 OCT 20 0	" €k 129 "	
Principal Plac	o of Puningen	Moiling Address	<u> </u>		04 OCT 29 PM	1 5: 23	
Principal Place of Business Mailing Address C/O SENDERA INVESTMENT GROUP, L.L.C. C/O SENDERA INVESTMENT				TAL	LAHASSE OF	STATE	
545 E. JOHN CARPENTER FREEWAY, STE. 550 545 E. JC		545 E. JOHN CARPENTE IRVING, TX 75062	5 E. JOHN CARPENTER FREEWAY, STE. 550		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 1431 Greenway Dr.		3. Mailing Address SAME			/ 1888 	1811 66181 HBN 61816 HBN 6111	441 W 1661
Suite, Apt. #, etc. Suite 710		Suite, Apt. #, etc.		10262004	REIN-LLC	CR2E101 (6/04)	
City & State		City & State		4. FEI Numb		Apı	plied For
Zip Country \		Zip Country		75-306	75-3060714 Not Applicable 5 Cartificate of Status Desired \$5.00 Additional		
75038 USA				5. Certificate	5. Certificate of Status Desired 50.00 Additional Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
C T CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Street Address (P.O. Box Number is Not Acceptable)							
1 9							
		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 Connie Benju Special Asil Secretary 10/24/64							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age signature required when reinstating) DATE							
FILE NOW!!! FRE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited After January 1, 2005, Fee will be \$100.00 liability company did not receive the prior notice. Make Check payable to Florida Department of State							
After Janu	ary 1, 2005, Fee will be \$100.00	liability company did	not receive the pric	or notice.	Florida	Department of State	
9.	MANAGING MEMBER		10.		ADDITIONS/C		
TITLE NAME	MGRM DAVIS, GARY E	☐ Delete	TITLE NAME	_	~ .	Change	Addition
STREET ADDRESS CITY-ST-ZIP							
TITLE	IRVING, TX 75062 MGRM	CITY-ST-ZIP	+ Dring	to x F	Change	☐ Addition	
NAME	DAVIS, CHRISTOPHER M	NAME		- MA + MA	,		
STREET ADDRESS CITY-ST-ZIP	545 E. JOHN CARPENTER FREE IRVING, TX 75062	STREET ADDRESS 1	Irving	enway Dr.	37C 41C	l	
TITLE	MGRM	☐ Delete	TITLE	7	, , , , , , , , , , , , , , , , , , , 	Change	Addition
NAME STREET ADDRESS	DAVIS, JACK E 545 E. JOHN CARPENTER FREE	NAME STREET ADDRESS	431 Gree	nuayor	ste tro	Ì	
CITY-ST-ZIP	IRVING, TX 75062	CITY-ST-ZIP	Irving.	TX 750	<u> </u>		
TITLE NAME		☐ Delete	TITLE Name	3		☐ Change	Addition
STREET ADDRESS		OF IL	STREET ADDRESS		- Mill		
CITY-ST-ZIP			PIAIL	VIEN!	2004	Change	Addition
NAME .		☐ Delete	TITLE NAME			Change	Accident
STREET ADDRESS CITY-ST-EIP			STREET ADDRESS CITY-ST-ZIP	<i>15</i> }	<		
TITLE		□ Delete	TITLE			Change	☐ Addition
NAME CTREET ADDRESS			NAME CTREET LANDSCO	4 .[00 0424 7 1/0401054	79914 -008 **S5.00	-
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	11757	Nina minana	000 ***55*00	
11. I hereby	certify that the information supplied with	this filing does not qualify for	the exemption stated	t in Section 119.07(3))(i), Florida Statutes. I f	further certify that the in	nformation
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: 10/26/04 972-869-5400							
CICKIA	rupe. / \2.0/	Thousand		,	الداراط	912-866 6	74.