


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000001496

1. Entity Name
SENDERA INVESTMENT GP, LLC



FILED
04 OCT 29 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O SENDERA INVESTMENT GROUP, L.L.C. 545 E. JOHN CARPENTER FREEWAY, STE. 550 IRVING, TX 75062**

Mailing Address: **C/O SENDERA INVESTMENT GROUP, L.L.C. 545 E. JOHN CARPENTER FREEWAY, STE. 550 IRVING, TX 75062**



2. Principal Place of Business: **1431 Greenway Dr. Suite 710 Irving, TX 75038 USA**

3. Mailing Address: **SAME**

4. FEI Number: **75-3060714**

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

10262004 REIN-LLC CR2E101 (6/04)

Applied For: Not Applicable:

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: *Connie Boyer Special Asst. Secretary* DATE: 10/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: DAVIS, GARY E STREET ADDRESS: 545 E. JOHN CARPENTER FREEWAY, SUITE 550 CITY-ST-ZIP: IRVING, TX 75062	<input type="checkbox"/> Delete
TITLE: MGRM NAME: DAVIS, CHRISTOPHER M STREET ADDRESS: 545 E. JOHN CARPENTER FREEWAY, SUITE 550 CITY-ST-ZIP: IRVING, TX 75062	<input type="checkbox"/> Delete
TITLE: MGRM NAME: DAVIS, JACK E STREET ADDRESS: 545 E. JOHN CARPENTER FREEWAY, SUITE 550 CITY-ST-ZIP: IRVING, TX 75062	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: 1431 Greenway Dr Suite 710 CITY-ST-ZIP: Irving, TX 75038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 1431 Greenway Dr. Ste 710 CITY-ST-ZIP: Irving, TX 75038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 1431 Greenway Dr. Ste 710 CITY-ST-ZIP: Irving, TX 75038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2004

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: *Paul [Signature]* DATE: 10/26/04 DAYTIME PHONE #: 972-869-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE