

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000001155

Entity Name: DUBOSE HOLDINGS, L.L.C.

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3040 POST OAK BLVD, STE 770  
HOUSTON, TX 77056

**New Principal Place of Business:**

24 GREENWAY PLAZA  
SUITE 965  
HOUSTON, TX 77046

**Current Mailing Address:**

3040 POST OAK BLVD, STE 770  
HOUSTON, TX 77056

**New Mailing Address:**

14405 WALTERS ROAD  
SUITE 310  
HOUSTON, TX 77014

FEI Number: 76-0765763

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: C/O. BARBRA A. BURKE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KAPLAN, JOSEPH  
Address: 3040 POST OAK BLVD, STE 770  
City-St-Zip: HOUSTON, TX 77056

Title: MGR ( ) Delete  
Name: FREEDMAN, DONALD  
Address: 3131 EASTSIDE, STE 120  
City-St-Zip: HOUSTON, TX 77098

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LARRY G. DUBOSE

MGR

04/24/2009

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