


# 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, Apt. #, etc. **Suite 710**  
City & State **Irving, TX**  
Zip **75038** Country **USA**

3. Mailing Address **SAME**  
Suite, Apt. #, etc.  
City & State  
Zip Country

10262004 REIN-LLC CR2E101 (6/04)

4. FEI Number **75-3060714** 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 *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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, GARY E 545 E. JOHN CARPENTER FREEWAY, SUITE 550 IRVING, TX 75062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, CHRISTOPHER M 545 E. JOHN CARPENTER FREEWAY, SUITE 550 IRVING, TX 75062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, JACK E 545 E. JOHN CARPENTER FREEWAY, SUITE 550 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 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1431 Greenway Dr Suite 710 Irving, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1431 Greenway Dr. Ste 710 Irving, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1431 Greenway Dr. Ste 710 Irving, TX 75038
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