


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

<b>DOCUMENT # B06000000396</b> 1. Entity Name U.S. PERSONNEL X L.P.	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JUL 18 PM 3:06

Principal Place of Business 222 W. LAS COLINAS BLVD., STE. 900 IRVING, TX 75039	Mailing Address 222 W. LAS COLINAS BLVD., STE. 900 IRVING, TX 75039
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07032007    Chg-LP    CR2E003 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F00000000913	STREET ADDRESS	BLT
NAME	USP HOLDING, INC.	CITY - ST - ZIP	
STREET ADDRESS	222 W. LAS COLINAS BLVD., STE. 900		
CITY - ST - ZIP	IRVING, TX 75039		
DOCUMENT #		STREET ADDRESS	300106531413
NAME		CITY - ST - ZIP	07/24/07--01042--003 **900.00
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*Kevin McGahay*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *GFD, uspholding inc*  
*General Partner*

7/3/07

Date

(972)871-0400

Daytime Phone #

STAPLE CHECK HERE