

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
Sandra Murkin  
Secretary of State  
DIVISION OF CORPORATIONS  
**A21937**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT 28 PM 3:42

DOCUMENT # A21937

1. Name of Limited Partnership

U.S. Restaurant Properties Operating L.P.

4/10/98

DO NOT WRITE IN THIS SPACE

2. Mailing Address

5310 Harvest Hill Road

Suite, Apt. #, etc.

Suite 270, L.B. 168

City & State

Dallas, Texas

Zip

75230

Country

USA

3. Principal Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered  
To Do Business in Florida

1-29-86

5. FEI Number

41-1541630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. State or Country of Formation

Delaware

8a. Capital Contributions as Shown  
on Record.

\$ 6,011,200.00

8b. Amount of Capital Contributions in  
FLORIDA to date:

\$ 6,011,200.00

FEES: 1.)

Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

CT Corporation System  
1200 S. Pine Island Road  
Plantation, Florida 33324

Name

NA

Street Address (P.O. Box Number Is Not Acceptable)

300002679913-7

Suite, Apt. #, etc.

-11/04/98-01033-004

City

\*\*\*1552.50 FL \*\*\*1552.50

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY 10/28/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration  
Document Number

USRP MANAGING, INC

5310 Harvest Hill Road  
Suite 270, L.B. 168

Dallas, Texas 75230

F97000006027

PENALTY - 500.00  
AR - 875.00  
AR SUPP - 177.50  
COS - 8.75  
1,561.25

300002679913-7  
-11/04/98-01033-003  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

REINSTATEMENT 1998

1999  
AR.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE

10-20-98

Typed or Printed Name of General Partner Signing Form

Vice-President USRP MANAGING, INC

Telephone Number

972-387-1487

CR2E039 (1/97)