

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21937**

FILED

1. Entity Name

U.S. RESTAURANT PROPERTIES OPERATING LIMITED PAR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5310 HARVEST HILL ROAD, SUITE 270, LB 168
DALLAS TX 75230

Mailing Address

5310 HARVEST HILL ROAD, SUITE 270, LB 168
DALLAS TX 75230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12240 Inwood Rd.

Suite, Apt. #, etc.

Suite 200

City & State

Dallas TX

Zip

75244

Country

USA

3. Mailing Address

12240 Inwood Rd.

Suite, Apt. #, etc.

Suite 200

City & State

Dallas TX

Zip

75244

Country

USA

4. FEI Number

41-1541630

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$6,011,200.00

10. Amount of Capital Contributions in FLORIDA to date.

\$15,421,735.45

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # **F9700006027**
NAME **USRP MANAGING, INC.**
STREET ADDRESS **5310 HARVEST HILL ROAD, SUITE 270, LB 168**
CITY-ST-ZIP **DALLAS TX 75230**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **12240 Inwood Rd. Suite 200**
CITY-ST-ZIP **Dallas TX 75244**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**FF \$526.25
LF 400.00**

DOCUMENT #
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CITY-ST-ZIP

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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 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Barbara A. Erhart
Barbara A. Erhart, VP

8-1-00

Date

92-387-1487

Daytime Phone #

CP2E003 (5/00)