2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Aa1937  1. Entity Name					FILED OLUUN 21 PM 4: 00			
· U.S. Restaurant Properties Operating L.P.					SECRETARY OF STATE			
Principal Place of Business Mailing Address					TAB	<b>JAHAESEE</b>	FLORIDA	
19940 Inwood Rd. Suite 300 some								
Dalla6 TX 75244					,	f		
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State City & State			•••	4. FEI Number	4. FE: Number Applied For Not Applicable			
Zip	Country	Zip	_Country,	5. Certificate of S		\$8.75-Additio		
	6. Name and Address of Current R	egistered Agent .		7. Name and Ad	dress of New Registers	Fee Required		
Corporation Service Company  Street Address (P.O.					?			
1201	μαστια , σε οια. Ψ <sub>α, κ</sub> ς+.	Street Address (P.O. Box Number is Not Acceptable)						
1201 Hays St. Tallahassee FL 32301-2525								
الخزا	anassee fl oog	City	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 it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
9. Capital Contributions 11 MAKE CHECK PAYABLE TO DEPT OF STATE								
as Shown on record. 16,104.41.50 in FLORIDA to date. 3 16,706,491.50 SEE REVERSE SIDE FOR FEE INFORMATION								
12.	GENERAL PARTNER		form; an amendm	ent must be filed to	change a general p ADDRESS CHANGES (		1 2 2 2 2 1 2	
DOCUMENT #	F97000006097	STREET ADDRESS		ADDITESS CHARGES				
NAME STREET ADDRESS	USRP Managing, Inc. 18840 Inwood Rol. Suite 300		21. MAR 0		I		3 (11	
CITY-ST-ZIP	Dellas TX 75244	CITY-ST-ZIP				CR2E003 (11/00)		
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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 trusfee empowered to execute this report as required by Chapter 620, Florida Statutes								
SIGNATURE: Vally / & Muly / Sierie S. Siverling, Secretary 4/19/01								
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING GENERAL	PARTNER	0,	Cale C	Daylime Phone #		