

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 JUN 11 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A21937
1. Entity Name
U.S. Restaurant Properties Operating L.P.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12240 Inwood Rd, Ste 300
Suite, Apt. #, etc.

3. Mailing Address
12240 Inwood Rd, Ste 300
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Dallas, Texas
Zip
75244
Country
USA

City & State
Dallas, Texas
Zip
75244
Country
USA

4. FEI Number
41-1541630
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DUE BY MAY 1

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee FL Zip Code
32301-2525

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

9. Capital Contributions as Shown on record. 16,766,491.50
10. Amount of Capital Contributions in FLORIDA to date. 7,669,830.00
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		STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	<u>F9700006027</u>		
NAME	<u>USRP Managing, Inc.</u>		
STREET ADDRESS	<u>12240 Inwood Rd. Ste. 300</u>		
CITY-ST-ZIP	<u>Dallas, TX 75244</u>		<u>437.50 -LP</u>
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<u>88.75 -Adm</u>
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<u>600005764096</u>
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<u>-06/13/02--01003--021</u>
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<u>****88.75 ****88.75</u>
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<u>600005764096</u>
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<u>-06/13/02--01003--022</u>
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<u>****437.50 ****437.50</u>

CR2E003B (12/01)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Valerie S. Siverling Valerie S. Siverling, Secretary 416.02 972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Phone #