

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

2004 SEP 10 P 3:45

SECRETARY OF STATE



07132004 Chg-LP CR2E003 (10/03)

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. 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.

9. Capital Contributions
as Shown on record, **\$16,766,491.50**

10. Amount of Capital Contributions
in FLORIDA to date. **16,099,689.65**

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 # **F97000006027**
NAME **USRP MANAGING, INC.**
STREET ADDRESS **12240 INWOOD RD., SUITE 300**
CITY-ST-ZIP **DALLAS, TX 75244**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP **300041536203**
STREET ADDRESS **10701/04--01047--001 **926.25**

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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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: **user Managing, Inc.**
SIGNATURE: Valerie S. Siverling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Valerie S. Siverling**
Secretary

9-8-04 **972 387-1487**
Date Daytime Phone #

STAPLE CHECK HERE