

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002601

1. Entity Name

USRP (SFGP), LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

12240 Inwood Road

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Dallas TX

City & State

Zip

75244

Country

USA

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays St.
Tallahassee FL 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE Manager
NAME Barbara A. Erhart
STREET ADDRESS 12240 Inwood Rd. Suite 300
CITY-ST-ZIP Dallas TX 75244 ☐ Delete

TITLE Manager
NAME Valerie S. Siverling
STREET ADDRESS 12240 Inwood Rd. Suite 300
CITY-ST-ZIP Dallas TX 75244 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700004035307--3
-04/20/01--01059--025
*****50.00--*****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Valerie S. Siverling, Manager

Date

4/5/01

Daytime Phone #

970-387-1487

CR2E083 (1/00)