

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91824 001 ***200.00

DOCUMENT # M02000001211



1. Entity Name
USRP (SFGP) 2, LLC

Principal Place of Business
12240 INWOOD ROAD
SUITE 300
DALLAS TX 75244

Mailing Address
12240 INWOOD ROAD
SUITE 300
DALLAS TX 75244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-1541630**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	STETSON, ROBERT J	
STREET ADDRESS	12240 INWOOD ROAD #300	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	CARRINGTON, H.G. JR.	
STREET ADDRESS	12240 INWOOD ROAD #300	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SIVERLING, VALERIE S JR.	
STREET ADDRESS	12240 INWOOD ROAD #300	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	FERRUCCI, MARK	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HORNE, ADRIENNE	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Domenic A. Borriello	
STREET ADDRESS	1209 Orange St.	
CITY-ST-ZIP	Wilmington, DE	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry O. Davis	
STREET ADDRESS	12240 Inwood Rd. Suite 300	
CITY-ST-ZIP	Dallas TX 75244	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stacy M. Rike	
STREET ADDRESS	12240 Inwood Rd. Suite 300	
CITY-ST-ZIP	Dallas TX 75244	

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 **SIGNATURE REQUIRED** Valerie S. Siverling 2/26/03 972-387-1487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)