

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M99000001511

1. Entity Name

USRP (JVI), 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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2839939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

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 Florida Department of State  
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME STETSON, ROBERT J  
STREET ADDRESS 12240 INWOOD RD., STE 300  
CITY-ST-ZIP DALLAS TX 75244

TITLE MGR ☐ Delete  
NAME SIVERLING, VALERIE  
STREET ADDRESS 12240 INWOOD ROAD, SUITE 300  
CITY-ST-ZIP DALLAS TX 75244

TITLE MGR ☐ Delete  
NAME STRONG, GREGORY I  
STREET ADDRESS 12240 INWOOD ROAD, SUITE 300  
CITY-ST-ZIP DALLAS TX 75244

TITLE MGR ☐ Delete  
NAME DAVIS, HARRY O  
STREET ADDRESS 12240 INWOOD RD STE 300  
CITY-ST-ZIP DALLAS TX 75244

TITLE MGR ☐ Delete  
NAME RIFFE, STACEY M  
STREET ADDRESS 12240 INWOOD RD STE 300  
CITY-ST-ZIP DALLAS TX 75244

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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*

*Valerie S. Siverling*

4/12/04

972-387-1487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2004 MAY -6 P 12:33

SECRETARY OF STATE  
TALLAHASSEE, FL



MOORE

CR2E083 (11/03)