Amended

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # m98000001511

1. Entity Name

USRP (JV1), LLC

FILED

2004 SEP -1 P 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12240 INWOOD ROAD	12240 INWOOD ROAD
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State: DALLAS, TX	City & State: DALLAS, TX
Zip: 75244 Country: DALLAS	Zip: 75244 Country: DALLAS

4. FEI Number: 41-1541630 ☐ Applied For ☐ Not Applicable

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

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. 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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROBERT J. STETSON 12240 INWOOD ROAD, SUITE 300 DALLAS, TX 75244
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VALERIE S. SIVERLING 12240 INWOOD ROAD, SUITE 300 DALLAS, TX 75244
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STACY M. RIFFE 12240 INWOOD ROAD, SUITE 300 DALLAS, TX 75244
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARRY O. DAVIS 12240 INWOOD ROAD, SUITE 300 DALLAS, TX 75244
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KENNETH J. UVA 12240 INWOOD ROAD, SUITE 300 DALLAS, TX 75244
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100040731761 09/01/04--01049--002 **1300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E083B (12/02)

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, MGR 8/10/04 972-387-1487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #