

# 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

0067699

**DOCUMENT # M99000001511**

1. Entity Name

**USRP (JV), 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 **75-2839939**

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

**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, 2003**

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 **CARRINGTON, H.G. JR**  
STREET ADDRESS **12240 INWOOD ROAD, SUITE 300**  
CITY-ST-ZIP **DALLAS TX 75244**

TITLE **MGR** ☒ Delete  
NAME **FERRUCCI, MARK**  
STREET ADDRESS **1209 ORANGE ST.**  
CITY-ST-ZIP **WILMINGTON DE 19801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Harry O. Davis**  
STREET ADDRESS **12240 Inwood Rd, Ste. 300**  
CITY-ST-ZIP **Dallas, TX 75244**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Stacy M. Ritte**  
STREET ADDRESS **Same**  
CITY-ST-ZIP

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  
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*

**SIGNATURE REQUIRED**

*Valerie S. Siverling a1a1a103 972-387-1487*

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

Date

Daytime Phone #

CR2E083 (10/02)