2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M04000000049

1. Entity Name
CAPITAL RISK, LLC

Principal Place of Business	Mailing Address
5847 SAN FELIPE, #2750 HOUSTON, TX 77057	5847 SAN FELIPE, #2750 HOUSTON, TX 77057

03032004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3723955

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ Ben Wilcox _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MOLBECK, JOHN N
STREET ADDRESS	5847 SAN FELIPE, #2750
CITY-ST-ZIP	HOUSTON, TX 77057
TITLE	MGR
NAME	WILCOX, BENJAMIN D
STREET ADDRESS	5847 SAN FELIPE, #2750
CITY-ST-ZIP	HOUSTON, TX 77057
TITLE	MGR
NAME	PEACOCK, DEBORAHN D
STREET ADDRESS	5847 SAN FELIPE, #2750
CITY-ST-ZIP	HOUSTON, TX 77057
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/04-80102-023 50.00

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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: _____ Ben Wilcox 3/10/4 832 485 4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #