

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 30 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/10



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008326

1. Entity Name
PRECISE WEATHER CAPITAL, L.L.C.

Principal Place of Business THE RICE HOTEL, SUITE 1314 909 TEXAS AVENUE HOUSTON TX 77002	Mailing Address THE RICE HOTEL, SUITE 1314 909 TEXAS AVENUE HOUSTON TX 77002-3108
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2. Principal Place of Business The Rice Hotel, Ste 1314 Suite, Apt. #, etc. 909 Texas Avenue City & State Houston, Tx	3. Mailing Address Same as #2 Suite, Apt. #, etc. City & State
Zip 77002	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, STEPHEN J
SUITE 2200
ONE TAMPA CITY CENTER
TAMPA FL 33602

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITCHELL, STEPHEN J JR		NAME 800003206328-3	
STREET ADDRESS 909 TEXAS AVENUE, SUITE 1314		STREET ADDRESS -04/12/00--01088--001	
CITY-ST-ZIP HOUSTON TX 77002		CITY-ST-ZIP *****50.00 *****50.00	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUSK, ROD		NAME	
STREET ADDRESS 8410 OLD BANK LANE		STREET ADDRESS	
CITY-ST-ZIP HOUSTON TX 77040		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Stephen J Mitchell* **3/28/00** **970-247-4139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

0014514 AF

CR2E083 (9/99)