## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008326  1. Entity Name PRECISE WEATHER CAPITAL, L.L.C.								FILED		)		
Principal Plac THE RICE HO 909 TEXAS A' HOUSTON TX	otel. Suite 1314 Venue	Mailing Address THE RICE HOTEL. SUITE 1314 909 TEXAS AVENUE HOUSTON TX 77002 .					TALLAF	TARY OF IASSEE,	FLUKIO	A		
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address				1001\$011 B10 101	I			I (III) III (EDI	
Suite, Apt,	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State	е	City & State				4. FEI N	umber	8-75	07013	3   1	pplied For ot Applicable	
Zip	Country	Zip .	Coun	try		5. Certif	icate of Stati			\$5.00 Ad Fee Require		7
	6. Name and Address of Current R	egistered Agent		- Name		7. Name	and Addre	ss of New R	egistered /	Agent		1_
MITCHELL				<del> </del>						_		
SUITE 22		Street A	Address (P.	O. Box No	ımber is Not	Acceptable	) 			$\frac{1}{2}$		
TAMPA FL	IPA CITY CENTER L 33602								FL	Zip Cod	le	1
8. The above named entity submits this statement for the purpose of changing its registered office or regi							r both, in the	State of Flo		<u> </u>		1
SIGNATURE .												
	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signat	ure required w	hen reinstatin	g)		DATE			$\dashv$
عضد - علد		FILE N		FEE IS \$	-	State				·	٠ ـــ د ـــ ـــ د ــــ د ــــ د ــــــــ	
		- Imake Check Fe	iyabie t	o Depart	nuent o	Jidie						
9.	MANAGING MEMBER	RS/MEMBERS	10.					DDITIONS/	CHANGES			<b>ק</b> [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, STEPHEN J JR 909 TEXAS AVENUE, SUITE 1314 HOUSTON TX 77002	☐ Delete		E et adoress	1631	ien J	Miteha 1a Blu FL-33	eu 5R d 5613		☐ Change	Addition	F083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROJULI HUSK BUJO OID BAND Lane HOUSTON TX-170								,	☐ Change	☐ Addition	J.S.
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAMI STRE	ET ADDRESS -ST-ZIP		-	<u>toni</u>	03/27/ *****	01~-01 50.00	#****	0:5 Addition' 50.00	بيان الم
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete								☐ Change	Addition	
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP		☐ Delete	•							Change	Addition	-
NAME, STREET, ADDRESS CITY-ST-ZIP		☐ Delete								☐ Change	Addition	
11. 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:  STOPHEN TO MITCHELL TR 2-7-0\ (713) 228-8470												
	SIGNATURE AND TYPED OR PRINTED NAME OF	signing managing membèr, mai	NAGER, OR	AUTHORIZED	REPRESENT	ATIVE	Da	e	Di	aytime Phone #		