



FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90760 034 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # M01000000277</b>					
1. Entity Name <b>CALYPSO PIPELINE, LLC</b>					
Principal Place of Business <b>1400 SMITH ST. HOUSTON, TX 77002</b>			Mailing Address <b>1650 HIGHWAY 6 SUITE 100 SUGAR LAND, TX 77478</b>		
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 <b>76-0486649</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NRAI SERVICES, INC. 626 E. PARK AVE. TALLAHASSEE, FL 32301</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
<b>FILE NOW!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2003					
<b>9. MANAGING MEMBERS/ MANAGERS</b>					
TITLE	<b>D</b>	<input type="checkbox"/> Delete			
NAME	<b>FOSSUM, DREW J</b>				
STREET ADDRESS	<b>1400 SMITH STREET</b>				
CITY-ST-ZIP	<b>HOUSTON, TX 77002</b>				
TITLE	<b>D VP CFO</b>	<input type="checkbox"/> Delete			
NAME	<b>HAYSLETT, RODERICK J</b>				
STREET ADDRESS	<b>1400 SMITH STREET</b>				
CITY-ST-ZIP	<b>HOUSTON, TX 77002</b>				
TITLE	<b>D P CEO</b>	<input type="checkbox"/> Delete			
NAME	<b>HORTON, STANLEY C</b>				
STREET ADDRESS	<b>1400 SMITH STREET</b>				
CITY-ST-ZIP	<b>HOUSTON, TX 77002</b>				
TITLE	<b>VP</b>	<input type="checkbox"/> Delete			
NAME	<b>CURRAN, GREG S.V.</b>				
STREET ADDRESS	<b>1400 SMITH STREET</b>				
CITY-ST-ZIP	<b>HOUSTON, TX 77002</b>				
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete			
NAME	<b>RICE, GREEK L</b>				
STREET ADDRESS	<b>1400 SMITH STREET</b>				
CITY-ST-ZIP	<b>HOUSTON, TX 77002</b>				
TITLE	<b>S</b>	<input type="checkbox"/> Delete			
NAME	<b>PINDER-METZ, LORI</b>				
STREET ADDRESS	<b>1400 SMITH STREET</b>				
CITY-ST-ZIP	<b>HOUSTON, TX 77002</b>				
<b>10. ADDITIONS/CHANGES</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>Gregory M. Apke</b> 4/10/03 (281) 565-7905					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Attorney in Fact Date Daytime Phone #					

CRZE003 (10/02)