FILED

2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 18, 2005 08:00 AM Secretary of State **DOCUMENT # M02000003506** WEATHER ONE SERVICES. LLC Principal Place of Business Mailing Address **609 RELIABILITY CIRCLE 609 RELIABILITY CIRCLE** KNOXVILLE, TN 37932 KNOXVILLE, TN 37932 CR2E083 (10/03) 01122005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1564446 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 526 E PARK AVE TALLAHASSEE, FL 32301 IN THIS SPACE 6. 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 site if applicable (NOTE: Registered Agent algnature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, TITLE NAME **CURTIS, GEORGE M** 12016 GRUGSBY CHAPEL RD STREET ADDRESS CITY-SI-7IP KNOXVILLE, TN 37922 100000184603 TITLE 01/20/05-80037-011 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP FIRE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIns NAME STREET ADDRESS CITY ST ZIP me NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 cath; 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: