## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90071 014 \*\*\*\*55.00

1. Entity Name KELTON EXPLORATION, L.L.C.					04-29-2004 900/1 014 ******55.00				
Principal Place of Busines 220 WEST GARDEN STR		Mailing Address PO BOX 230				· - • ;	•		
PENSACOLA, FL 32501		PENSACOLA, FL 3259	1		) (BRIGH SI)	i Cida (in) sum sail (sail	POLIC DOTO: SUL	PR 10310 11 <b>271</b> 011	ee al isa
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292004	Chg-LLC	CR2E08	3 (10/03)	
City & State		City & State			4. FEI Numbe	r	Applied For Not Applicable		
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		5.00 Add ee Required	
6. Nam	e and Address of Current	Registered Agent		Name	7. Name and	Address of New Ro	gistered A	gent	
SYLTE, THOMAS W									
	N STREET STE. 605			Street Address (	P.O. Box Numbe	r is Not Acceptable	)	•	
		City					FL	Zip Code	9
8 The above named ent	ity submits this statement for	r the purpose of changing its	registere	d office or registe	red agent, or bot	n, in the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE	i							<del> </del>	
ST - 35	d or printed name of registered agent a	and title if applicable. (NOT	E: Registered	Agent signature required	t when reinstating)		DATE		
Filing Fee Due by Ma	is \$50.00 ny 1, 2004						e check pa Departme	yable to int of State	•
9.	MANAGING MEMBE	·	10.			ADDITIONS/	CHANGES		
4	THOMAS W	☐ Delete	NAME	;				Change	☐ Addition
	ST GARDEN STREET S COLA, FL 32501	TE. 605		et address est-zip					
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS			STREET	et address					
City-St-ZiP		☐ Delete	CITY-	ST-ZIP				☐ Change	☐ Addition
NAME		C Deserte	NAME					C1 Cyange	
STREET ADDRESS CITY-ST-ZIP	•	-		et address -ST-Zip					
TITLE		☐ Delete	TITLE	ľ				Change	☐ Addition
NAME. STREET ADDRESS			NAME STREE	ET ADORESS					
CITY-ST-ZIP			CITY-	-ST-ZIP					
TITLE NAME		Delete	TITLE NAME					Change	☐ Addition
STREET AODRESS CITY-ST-ZIP			STREI	et address -St-zip					
TITLE		☐ Oelete	TITLE				<u></u> .	☐ Change	☐ Addition
NAME STREET ADDRESS				et address		,			
11. I hereby certify that t	the information supplied with	this filing does not qualify fo	or the exer	-ST-ZiP ription stated in So	ection 119.07(3)(i	), Florida Statutes. I	further cert	ify that the in	nformation
<ul> <li>indicated on this rep limited liability comp</li> </ul>	ort is true and accurate and any or the receiver or trusted	that my signature shall have e empowered to execute this	the same report as	e legal effect as if r required by Char	made under oath oter 608, Florida S	that I am a manag Statutes.	ing, membei	r or manage	r of the
OLONIATION	Thomada	ac S. P.				3/20/11	4 01	וו בוג כח	1.020
SIGNATURE:	AND TYPED OR PRINTED NAME OF	F SIGNING MANAGENS MEMBER, MA	NAGER, OR	AUTHORIZED REPRES	ENTATIVE	Date Date	/ <u>0</u> 3	ylime Phone #	<i>پېده و</i>