
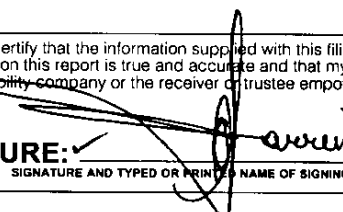


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90235 048 \*\*\*138.75

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # L06000042075</b><br>1. Entity Name<br><b>KEY ENERGY, LLC</b>   |   |   |  |                |  |
| Principal Place of Business<br><b>2501 BRICKELL AVENUE<br/>STE 1201<br/>MIAMI, FL 33129 US</b>   |   |   | Mailing Address<br><b>2501 BRICKELL AVENUE<br/>STE 1201<br/>MIAMI, FL 33129 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2501 BRICKELL AVENUE</b><br>Suite, Apt. #, etc.<br><b>1101</b>  |   | 3. Mailing Address<br><b>354 SEVILLA AVENUE</b><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>MIAMI FL.</b>   |   | City & State<br><b>CORAL GABLES FL.</b>   |  | 4. FEI Number<br><b>59-2237280</b>  |  |
| Zip<br><b>33129</b>  |   | Country<br><b>US</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BARREIRA FILHO, NELSON V<br/>2501 BRICKELL AVENUE<br/>STE 1201<br/>MIAMI, FL 33129</b>   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2501 BRICKELL AVENUE # 1101</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>33129</b> |  |   |  |
| 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 signature required when reinstating) DATE _____  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br><b>BARREIRA, NELSON VIEIRA<br/>2501 BRICKELL AVENUE, STE. 1201<br/>MIAMI, FL 33129</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR.<br><b>BARREIRA, NELSON VIEIRA<br/>2501 BRICKELL AVE # 1101<br/>MIAMI FL 33129</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR.<br><b>BARREIRA, MARIA CECILIA<br/>2501 BRICKELL AVE # 1101<br/>MIAMI, FL 33129</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |   |  |   |  |
| <b>SIGNATURE:</b>  <b>NELSON V. BARREIRA</b> <b>3/20/08</b> <b>305-448-5255</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |   |   |  |   |  |

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02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
59-2237280

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33129

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
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**Make check payable to  
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #