2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Jan 31, 2008 08:00 AM DOCUMENT # L07000007863 1. Entity Name **Secretary of State** KEYS ENERGY, LLC Principal Place of Business Mailing Address 222 CORSAIR ROAD 222 CORSAIR ROAD -DUCK KEY FL 33050 DUCK KEY FL 33050 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4 EEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name R&A AGENTS, INC., ATTN: DONNA FLAMMANG Street Address (P.O. Box Number is Not Acceptable) 2320 FIRST STREET FORT MYERS FL 33901 Zp Code FI 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 elaccióque I sat I encuncipa berola ger lo arma con con coloque. (NOTE: Registered Agent Signature reguled when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGR Addition ☐ Delete MAME WILLIAMSON, DAVID NAME STREET ADDRESS 222 CORSAIR ROAD STREET ACCIPESS CITY-ST-ZIP DUCK KEY FL 33050 CITY-ST-7:P THILE Addition Delete TITLE ☐ Change NAME U0000038888 STREET ADDRESS STREET ADDRESS 02/07/08-80058-015 138.75 CITY-ST-ZIP CITY - ST - Z:P Change Addition THILL Delete NAME STREET ADDRESS STREET ACCIDESS CITY-SI-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE Charige Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY-ST- AF Change TITLE Delete TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CHTY-ST-76 TITLE Delate TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP

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GNATURE: Date of Printed Name of Signing Managing Member, Manager, or Authorized Representative Date Depter of Printed Printed

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.