


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90068 010 ****50.00

DOCUMENT # M04000004097			
1. Entity Name KEATLEY HOLDINGS, LLC			
Principal Place of Business P. O. BOX 175 BEAVER, WV 25813		Mailing Address 12 GREENWAY PLAZA, SUITE 1070 HOUSTON, TX 77046	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1900 St. James Place Suite, Apt. #, etc. Suite #200	
Suite, Apt. #, etc.		City & State Houston, TX	
City & State		4. FEI Number 41-2153836	
Zip	Country	Zip	Country
77056		77056	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	



04262007 Chg-LLC CR2E083 (12/06)

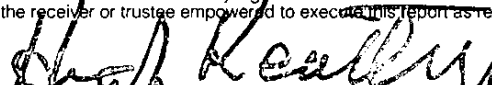
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES KEATLEY, HUGH P. O. BOX 175 BEAVER, WV 25813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE:  **4/24/07 (713) 979-9690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #