

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000003888



1. Entity Name
LMBI O&G MULTI-STATE, L.L.C.

Principal Place of Business
201 MAIN STREET, SUITE 2600
FORT WORTH, TX 76102

Mailing Address
201 MAIN STREET, SUITE 2600
FORT WORTH, TX 76102

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212008 Chg-LLC CR2E083 (12/06)

| | |
|-----------------------------|----------------|
| 4. FEI Number 75-2024816 | Applied For |
| | Not Applicable |

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

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

City

FL Zip Code

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

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
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | | | |
|--|---|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BASS, LEE M 201 MAIN STREET, SUITE 3200 FORT WORTH, TX 76102 | <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 | MGRM ?, ? 201 MAIN STREET, STE 2300 FORT WORTH, TX 76102 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MANAGING MEMBER LMBI, LP 201 MAIN STREET, STE 2300 FORT WORTH, TX 76102 |
| 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 |
| 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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| 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 |

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

Certified Article Number

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

THOMAS W. WHITE

4/8/08

817-390-8400

Daytime Phone #

7160 3901 SAILE EFLU 3384