

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M06000003890

1. Entity Name  
KEYSTONE 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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
KEYSTONE MGP, L.L.C.  
201 MAIN STREET, SUITE 2600  
FORT WORTH, TX 76102

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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

4/20/07

(817) 390-8400

Daytime Phone #

**FILED**

**Apr 26, 2007 08:00 AM**

**Secretary of State**

**Certified Article Number**

7160 3901 9849 9150 2839

**SENDER'S RECORD**



04052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
75-2025295

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

U00000734389  
05/09/07-60122-023 50.00

**DO NOT WRITE  
IN THIS SPACE**