

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003942

FILED
Apr 01, 2009
Secretary of State

Entity Name: SRBI O&G MULTI-STATE, L.L.C.

Current Principal Place of Business:

201 MAIN STREET, SUITE 2600
FT. WORTH, TX 76102

New Principal Place of Business:

201 MAIN STREET
SUITE 2300
FORT WORTH, TX 76102 US

Current Mailing Address:

201 MAIN STREET, SUITE 2600
FT. WORTH, TX 76102

New Mailing Address:

201 MAIN STREET
SUITE 2300
FORT WORTH, TX 76102 US

FEI Number: 75-2026351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HALLMAN, WILLIAM P JR.
Address: 201 MAIN STREET, SUITE 2600
City-St-Zip: FT. WORTH, TX 76102

Title: MGR () Delete
Name: SRBI, LP
Address: 201 MAIN STREET, SUITE 2300
City-St-Zip: FT. WORTH, TX 76102

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HALLMAN, WILLIAM P JR.
Address: 201 MAIN STREET, SUITE 2600
City-St-Zip: FT. WORTH, TX 76102 US

Title: MGR (X) Change () Addition
Name: SRBI, LP
Address: 201 MAIN STREET, SUITE 2300
City-St-Zip: FT. WORTH, TX 76102 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS W. WHITE

VP

04/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date