

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90027 027 \*\*\*\*50.00

DOCUMENT # L02000019285

1. Entity Name  
KEPT, LLC



Principal Place of Business  
10254 HIGHWAY 30-A  
HIGH POINT RESORT  
PANAMA CITY BEACH, FL 32413

Mailing Address  
475 COTTONWOOD PLACE  
FAIRVIEW, TX 75069



04022005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2369148

Applied For  
Not Applicable

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

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

WATSON, FRANKLIN H PA  
5365 E. COUNTY HWY. 30A, STE. 105  
SEAGROVE BEACH, FL 32459

**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

*Patricia A. Baumgartner*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-05  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BAUMGARTNER, THEODORE J
STREET ADDRESS	475 COTTONWOOD PLACE
CITY-ST-ZIP	FAIRVIEW, TX 75069
TITLE	MGRM
NAME	BAUMGARTNER, EDWIN J
STREET ADDRESS	475 COTTONWOOD PLACE
CITY-ST-ZIP	FAIRVIEW, TX 75069
TITLE	MGRM
NAME	BAUMGARTNER, PATRICIA A
STREET ADDRESS	475 COTTONWOOD PLACE
CITY-ST-ZIP	FAIRVIEW, TX 75069
TITLE	MGRM
NAME	BAUMGARTNER, MARY CATHERINE
STREET ADDRESS	475 COTTONWOOD PLACE
CITY-ST-ZIP	FAIRVIEW, TX 75069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #