


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L02000019285 1. Entity Name KEPT, LLC	
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Principal Place of Business 10254 HIGHWAY 30-A HIGH POINT RESORT PANAMA CITY BEACH, FL 32413	Mailing Address 475 COTTONWOOD PLACE FAIRVIEW, TX 75069
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04042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2369148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

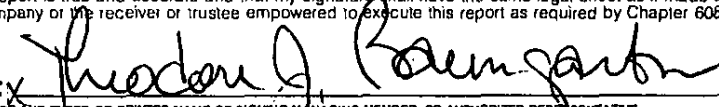
**Filing Fee is \$50.00
Due by May 1, 2007**

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

**DO NOT WRITE
IN THIS SPACE**

U000000718036
05/01/07-80006-001 50.00

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:  972 562-2474
15 APR 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #