

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 10, 2008 08:00 AM
Secretary of State

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



02212008 No Chg-LLC

CR2E083 (12/07)

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

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

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 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: *Theodore J Baumgartner*

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

3/06/08

Date

Daytime Phone #

X 972-740-8611