

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90070 010 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000019285

i. Entity Name
KEPT, LLC



Principal Place of Business Mailing Address
75 COTTONWOOD PLACE 475 COTTONWOOD PLACE
FAIRVIEW TX 75069 FAIRVIEW TX 75069

10103403

2. Principal Place of Business 3. Mailing Address
10254 Highway 30-A Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc.
High Point Resort City & State
City & State City & State
Panama City Beach, FL Zip Country
Zip Country
32413 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
52-2369148 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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]
Signature (typed or printed name of registered agent and fee applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 11, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 60B, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/15/03 912-5622474