2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000054485

1. Entity Name
KEEP MY PROMIS LLC

Principal Place of Business	Mailing Address
1961 ALOMA AVENUE SUITE 143 WINTER PARK, FL 32792	1961 ALOMA AVENUE SUITE 143 WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

07192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
90-0129918

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAYLE TIMBERLAKE FREY
1254 VIA ESTRELLA
WINTER PARK, FL 32787

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAYLE TIMBERLAKE FREY
STREET ADDRESS	1254 VIA ESTRELLA
CITY-ST-ZIP	WINTER PARK, FL 32787
TITLE	MGRM
NAME	FREY, PETER
STREET ADDRESS	1254 VIA ESTRELLA
CITY-ST-ZIP	WINTER PARK, FL 32787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: Gayle Timberlake Frey 7/19/04 407.622.8942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #