

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90040 002 \*\*\*\*50.00

**DOCUMENT # L01000019290**

1. Entity Name

CASEY KEY MANAGEMENT, L.L.C.



Principal Place of Business

226 SOUTH MERAMEL, STE 100  
CLAYTON MO 63105

Mailing Address

226 SOUTH MERAMEL, STE 100  
CLAYTON MO 63105

2. Principal Place of Business

226 SOUTH MERAMEC

3. Mailing Address

226 SOUTH MERAMEC

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

CLAYTON, MO

City & State

CLAYTON, MO

Zip

63105

Country

Zip

63105

Country

4. FEI Number

43-1944262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME FARRELL, JOE  
STREET ADDRESS 3260 CASEY KEY RD  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE MGR ☐ Delete  
NAME THE MICHAEL LITZ REV LIVING TRUST  
STREET ADDRESS 232 S MERAMEC STE 200  
CITY-ST-ZIP CLAYTON MO 63105

TITLE MGR ☐ Delete  
NAME THE MICHAEL B FOX REV LIVING TRUST  
STREET ADDRESS 232 S MERAMEC STE 200  
CITY-ST-ZIP CLAYTON MO 63105

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 226 SOUTH MERAMEC, SUITE 100  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 226 SOUTH MERAMEC, SUITE 100  
CITY-ST-ZIP

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

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

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

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]*

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

Date

Daytime Phone #

24048147



MOORE

CR2E083 (11/03)

4-15-04