

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90583 045 \*\*\*\*\*50.00

**DOCUMENT # L01000019290**

1. Entity Name

**CASEY KEY MANAGEMENT, L.L.C.**



Principal Place of Business

**232 SOUTH MERAMEC, SUITE 200  
CLAYTON MO 63105**

Mailing Address

**232 SOUTH MERAMEC, SUITE 200  
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



☐ CHECK HERE IF MAKING CHANGES

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.  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311**

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, 2003**

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  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: **MICHAEL B FOX**

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

**4-27-03**

Date

**314-725-3320**

Daytime Phone #

CR2E083 (10/02)