2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L04000012064

Entity Name: CASEY KEY INVESTMENTS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
800 CASEY KEY ROAD NOKOMIS, FL 34275	801 CASEY KEY ROAD NOKOMIS, FL 34275
Current Mailing Address:	**New Mailing Address:**
800 CASEY KEY ROAD NOKOMIS, FL 34275	801 CASEY KEY ROAD NOKOMIS, FL 34275

FEI Number: 20-0804870   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
OLIVIER, G.R. 800 CASEY KEY ROAD NOKOMIS, FL 34275 US	OLIVIER, G.R. 801 CASEY KEY ROAD NOKOMIS, FL 34275 US

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.

SIGNATURE: _____   03/23/2009
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:	

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	OLIVIER, G.R.	Name:	OLIVIER, G.R.
Address:	800 CASEY KEY ROAD	Address:	801 CASEY KEY ROAD
City-St-Zip:	NOKOMIS, FL 34275	City-St-Zip:	NOKOMIS, FL 34275
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	OLIVIER, WANDA K	Name:	OLIVIER, WANDA K
Address:	800 CASEY KEY ROAD	Address:	801 CASEY KEY ROAD
City-St-Zip:	NOKOMIS, FL 34275	City-St-Zip:	NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: G. R. OLIVIER   MGRM   03/23/2009
                Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date