

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000053142**

1. Entity Name  
**W R KEY INVESTMENTS, L.L.C.**



Principal Place of Business  
**409 ILLINOIS STREET, SUITE 1C  
ST. CHARLES, IL 60174**

Mailing Address  
**409 ILLINOIS STREET, SUITE 1C  
ST. CHARLES, IL 60174**



03222006 No Chg-LLC

CR2ED83 (1/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1338631**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KOHL-HELBIG, LAUREN ESQUIRE  
1800 SECOND STREET, SUITE 901  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

6. 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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RASMUSSEN, ROBERT  
409 ILLINOIS AVE, STE 1D  
SAINT CHARLES, IL 60174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WOLANDE, CHARLES  
409 ILLINOIS AVE, SUITE 1C  
SAINT CHARLES, IL 60174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000484250  
04/12/06 00001-025 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Charles Wolande*

3/22/06 630 587 5555

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

**CHARLES WOLANDE**

Daytime Phone #