


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 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 |
|---|---|



02162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-1338631 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

| 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 | |

U00000834874
02/29/08-80012-006 138.75

**DO NOT WRITE
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:

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

CHARLES WOLANDE

Date

2/15/08

Daytime Phone #

630 587 7775