

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000053142

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-1338631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RASMUSSEN, ROBERT  
**Address:** 409 ILLINOIS AVE, STE 1D  
**City-St-Zip:** SAINT CHARLES, IL 60174

**Title:** MGRM  
**Name:** WOLANDE, CHARLES  
**Address:** 409 ILLINOIS AVE, SUITE 1C  
**City-St-Zip:** SAINT CHARLES, IL 60174

I hereby 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:** CHARLES WOLANDE

MGRM

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date