


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90109 036 ****50.00

DOCUMENT # L05000019153		
1. Entity Name J & J CASEY KEY, LLC		

Principal Place of Business 4098 LAS PALMAS WAY SARASOTA, FL 34238	Mailing Address 4098 LAS PALMAS WAY SARASOTA, FL 34238
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20046965



2. Principal Place of Business 1939 LAKE CHARLES DRIVE	3. Mailing Address 1939 LAKE CHARLES DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05242006 Chg-LLC CR2E083 (11/05)

City & State VERNON HILLS, IL	City & State VERNON HILLS, IL	4. FEI Number 55-0895211	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 60061	Country LAKE	Zip 60061	Country LAKE

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WONG, JONATHAN 4098 LAS PALMAS WAY SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1939 LAKE CHARLES DRIVE VERNON HILLS IL 60061 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WONG, JEFFREY 4098 LAS PALMAS WAY SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1939 LAKE CHARLES DRIVE VERNON HILLS IL 60061 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE	5/30/06 Date	847-816-0606 Daytime Phone #
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