

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000001943

1. Entity Name
 9.2.5. CAPITAL, LLC



Principal Place of Business
 14565 SOMERSET CIRCLE
 GREEN OAKS, IL 60048

Mailing Address
 14565 SOMERSET CIRCLE
 GREEN OAKS, IL 60048



07112006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1077786	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACHATZ, KEVIN 14565 SOMERSET CIRCLE GREEN OAKS, IL 60048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOJCIAK, LAWRENCE E 820 DERBYSHIRE LANE PROSPECT HEIGHTS, IL 60070
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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

8/10/06 847-279-7104
Date Daytime Phone