

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001186

FILED
Apr 18, 2007
Secretary of State

Entity Name: CAPS GROUP ACQUISITION LLC

Current Principal Place of Business:

329 W. 18TH STREET, SUITE 800
CHICAGO, IL 60616

New Principal Place of Business:

1515 E. WOODFIELD ROAD
2ND FLOOR
SCHAUMBURG, IL 60173

Current Mailing Address:

329 W. 18TH STREET, SUITE 800
CHICAGO, IL 60616

New Mailing Address:

FEI Number: 20-3742181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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 () Delete
Name: REILLY, JOHN J
Address: 329 W. 18TH STREET, SUITE 800
City-St-Zip: CHICAGO, IL 60616

Title: MGRM () Delete
Name: LEDERER, JAMES
Address: 329 W. 18TH STREET, SUITE 800
City-St-Zip: CHICAGO, IL 60616

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REILLY, JOHN J
Address: 329 W. 18TH STREET, SUITE 800
City-St-Zip: CHICAGO, IL 60616

Title: MGR (X) Change () Addition
Name: LEDERER, JAMES
Address: 329 W. 18TH STREET, SUITE 800
City-St-Zip: CHICAGO, IL 60616

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN J. REILLY

MGR

04/18/2007

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