


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000001067 1. Entity Name ACQUISITION A, L.L.C.	
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Principal Place of Business 93 MIDHURST COURT, #201-C NAPERVILLE, IL 60565	Mailing Address 93 MIDHURST COURT, #201-C NAPERVILLE, IL 60565
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DO NOT WRITE IN THIS SPACE



03212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 37-1481528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283	DO NOT WRITE IN THIS SPACE
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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

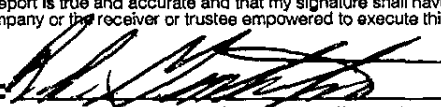
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUSTAFSON, RONALD P 93 MIDHURST COURT, #201-C NAPERVILLE, IL 60565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANGEL, JOHN G 93 MIDHURST COURT, #201-C NAPERVILLE, IL 60565
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U00000307748
04/13/05-60067-U04 50.00

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/8/5**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #