

**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

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

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

U00000573999  
08/10/06-80002-004 55.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

847-279-7104

Daytime Phone