

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 07, 2006  
Secretary of State**

DOCUMENT# L04000074580

Entity Name: ACHILLES GROUP, LLC

**Current Principal Place of Business:**

1796 RAND ROAD  
DES PLAINES, IL 60016 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ERNEST L. MASCARA, P.A.  
475 CENTRAL AVENUE, SUITE 202  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 20-1747031      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASCARA, ERNEST L  
THE KRESS BUILDING, SUITE 202  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 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: SQUIRE, ARI  
Address: 1796 RAND ROAD  
City-St-Zip: DES PLAINES, IL 60016 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARI SQUIRE

MGRM

04/07/2006

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