

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRET
DIVISION

07 OCT 30 PM 3:11

DOCUMENT # M06000001916 1. Entity Name TRUE PARTNERS CONSULTING LLC	
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Principal Place of Business 225 WEST WACKER DRIVE, SUITE 1600 CHICAGO, IL 60606	Mailing Address 225 WEST WACKER DRIVE, SUITE 1600 CHICAGO, IL 60606
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-LLC		CR2E083 (11/05)
4. FEI Number 20-3795985	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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.

Jeanine Reynolds
as its agent

SIGNATURE: *Jeanine Reynolds* DATE: 10-26-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	TRUE PARTNERS CONSULTING HOLDINGS LLC
STREET ADDRESS	225 WEST WACKER DRIVE, SUITE 1600
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT
2007

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300113029493
 11/06/07--01019--014 **155.00

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: *Jeanine Reynolds* DATE: 9/27/2007 DAYTIME PHONE #: 312 924 3205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE