


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000002713</b> 1. Entity Name <b>XENCOM FACILITY MANAGEMENT LLC</b>	
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Principal Place of Business <b>1609 PRECISION DR., STE 3000 PLANO, TX 75074</b>	Mailing Address <b>1609 PRECISION DR., STE 3000 PLANO, TX 75074</b>
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**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>75-2740372</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PONDS, JOSEPH M 1609 PRECISION DR., STE 3000 PLANO, TX 75074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSS, ROBERT A 1609 PRECISION DR., STE 3000 PLANO, TX 75074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENNETT, LAWRENCE R 1609 PRECISION DRIVE #3000 PLANO, TX 75074
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

UN00000948565  
05/30/08-60054-017 138.75

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

*April 28, 2008*

Date

*469 429-1111*

Daytime Phone #