

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005463

Entity Name: X MANAGEMENT GROUP, LLC

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

3010 HIGHLAND PARKWAY, SUITE 800
DOWNERS GROVE, IL 60515

New Principal Place of Business:

233 S WACKER DR STE 4950
CHICAGO, IL 60606

Current Mailing Address:

3010 HIGHLAND PARKWAY, SUITE 800
DOWNERS GROVE, IL 60515

New Mailing Address:

233 S WACKER DR STE 4950
CHICAGO, IL 60606

FEI Number: 20-5626876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: MOORE, JILL
Address: 3010 HIGHLAND PARKWAY, SUITE 800
City-St-Zip: DOWNERS GROVE, IL 60515

Title: MGR () Delete
Name: ALDEGUER, JOSEPH
Address: 3010 HIGHLAND PARKWAY, SUITE 800
City-St-Zip: DOWNERS GROVE, IL 60515

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOORE, JILL
Address: 233 S WACKER DR STE 4950
City-St-Zip: CHICAGO, IL 60606

Title: MGR (X) Change () Addition
Name: ALDEGUER, JOSEPH
Address: 233 S WACKER DR STE 4950
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH ALDEGUER

MGR

01/22/2008

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