

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004988

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** COLDWELL BANKER RESIDENTIAL REAL ESTATE LLC

**Current Principal Place of Business:**

1 CAMPUS DRIVE  
PARSIPPANY, NJ 07054

**New Principal Place of Business:**

**Current Mailing Address:**

1 CAMPUS DRIVE  
PARSIPPANY, NJ 07054

**New Mailing Address:**

**FEI Number:** 95-3522685

**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  
**Name:** SEARS, CHARLOTTE  
**Address:** 1 GLENLAKE PARKWAY  
**City-St-Zip:** ATLANTA, GA 30328

**Title:** MGR  
**Name:** TOOLE, CLARK J III  
**Address:** 5951 CATTLERIDGE AVE.  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** MGR  
**Name:** WASSER, MARILYN J  
**Address:** 1 CAMPUS DRIVE  
**City-St-Zip:** PARSEPPANY, NJ 07054

**Title:** MGR  
**Name:** ZIPF, BRUCE G  
**Address:** 1 CAMPUS DRIVE  
**City-St-Zip:** PARSEPPANY, NJ 07054

**Title:** X  
**Name:** SEE DOCUMENT FOR ADDITIONAL OFFICERS  
**Address:** X  
**City-St-Zip:** X,

I hereby 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:** MARILYN J. WASSER

MGR.

04/27/2011

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