2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90038 022 ****50.00

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04152005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
COLLIERS SOUTH FLORIDA, LLC

Principal Place of Business	Mailing Address
6360 N.W. 5TH WAY, #300 FT. LAUDERDALE, FL 33309	LANARD & AXILBUND, INC 399 MARKET ST PHILADELPHIA, PA 19106

2. Principal Place of Business		3. Mailing Address	
6600 North Andrews Ave			
Suite, Apt. #, etc.: Suite 240		Suite, Apt. #, etc.	
City & State: Fort Lauderdale, FL		City & State	
Zip: 33309	Country: USA	Zip	Country

4. FEI Number: 65-0965066 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS SAYER 399 MARKET STREET PHILADELPHIA, PA 19106	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #