

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049917

Entity Name: COLLIERS INTERNATIONAL CENTRAL FLORIDA, LLC**Current Principal Place of Business:**255 SOUTH ORANGE AVENUE
SUITE 1300
ORLANDO , FL 32801**Current Mailing Address:**311 PARK PLACE BLVD. SUTIE 600
CLEARWATER, FL 33759**FEI Number:** 27-2623104**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARNOLD, LEE E JR.
311 PARK PLACE BLVD., SUITE 600
CLEARWATER, FL 33759 US*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:** LEE E ARNOLD JR.

04/26/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name ARNOLD, LEE E JR.
Address 311 PARK PLACE BLVD. SUTIE 600
City-State-Zip: CLEARWATER FL 33759

Title PRESIDENT
Name KRATZ, RYAN D
Address 311 PARK PLACE BLVD., SUITE 600
City-State-Zip: CLEARWATER FL 33759

Title SENIOR VICE PRESIDENT
Name SCOTT, JOHN K
Address 311 PARK PLACE, SUITE 600
City-State-Zip: CLEARWATER FL 33759

Title MANAGER
Name ROBINSON, CRAIG
Address 666 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10103

Title MANAGER
Name SPIEGEL, DANIEL L
Address 6250 N. RIVER RD., SUITE 11-100
City-State-Zip: ROSEMONT IL 60018

Title MANAGER
Name HARBERT, JOSEPH
Address 666 FIFTH AVENUE, 4TH FLOOR
City-State-Zip: NEW YORK NY 10103

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL L SPIEGEL

MANAGER

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date