2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002449

FAN, DEBERA

EL SEGUNDO, CA 90245

Name:

Address:

City-St-Zip:

Entity Name: CB RICHARD ELLIS SPECIALTY REALTY, INC.

FILED Apr 11, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 160		N BOULEVARD 1025					
Current Mailing Address:				New Mailing Address:			
100 NORTH SEPULVEDA BOULEVARD SUITE 1000 EL SEGUNDO, CA 90245			SUITE 16	11150 SANTA MONICA BOULEVARD SUITE 1600 LOS ANGELES, CA 90025			
FEI Number:	75-2876457	FEI Number Applied For ()	FEI Number Not App	plicable ()	Certificate of Status	Desired ()	
Name and	Address of	Current Registered Agent:	Name an	Name and Address of New Registered Agent:			
C/O CT CC 1200 SOUT	ORATION SY ORPORATIO TH PINE ISL ON, FL 3332	N SYSTEM AND ROAD					
The above in the State		submits this statement for the pu	rpose of changing	its registered o	office or registered a	agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financi	ng Trust Fund Contribution ().					
OFFICERS	AND DIRE	CTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	WHITE, BRE	SEPULVEDA BOULEVARD, SUITE 1050	Title: Name: Address: City-St-Zip:	WHITE, BRETT	MONICA BOULEVARD,	SUITE 1600	
Title: Name: Address: City-St-Zip:	KAY, KENNE	SEPULVEDA BOULEVARD, SUITE 1050	Title: Name: Address: City-St-Zip:	KAY, KENNETH	MONICA BOULEVARD,	SUITE 1600	
Title: Name: Address: City-St-Zip:	MIDLER, LAU	SEPULVEDA BOULEVARD, SUITE 1050	Title: Name: Address: City-St-Zip:	MIDLER, LAÙR 11150 SANTA I	MONICA BOULEVARD,	SUITE 1600	
Title:	SVPT () Delete	Title:	()) Change () Addition		

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 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN D. MCALLISTER SVP 04/11/2008

100 NORTH SEPULVEDA BOULEVARD, SUITE 1100