

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAR 16 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022007 Chg-P CR2E034 (12/06)

DOCUMENT # F06000005630 1. Entity Name BARCLAYS CAPITAL REAL ESTATE INC.					
Principal Place of Business 200 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10166			Mailing Address 200 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1724459	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
500094755545 03/26/07--01027--001 **150.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZZEI, MICHAEL 200 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO MONTGOMERY, MICHAEL 200 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAPLAN, ALAN B 200 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GROSSMAN, JULIE 200 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAEK, HAEJIN 200 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERLIN, BARRY 200 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4837 watt Avenue North Highlands, CA 95660				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 cedar Knolls Road Whippany, NJ 07981				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Julie A. Grossman</i> Julie A. Grossman 3/5/2007 (212) 412-4600					