


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90324 045 ***150.00

DOCUMENT # F96000004468 1. Entity Name MARCUS & MILLICHAP REAL ESTATE INVESTMENT BROKERAGE COMPANY OF FLORIDA					
Principal Place of Business 2626 HANOVER STREET PALO ALTO, CA 94304 US			Mailing Address 2626 HANOVER STREET ATTN: LEGAL DEPARTMENT PALO ALTO, CA 94304 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 94-3245218	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERMAN, GENE A 5900 N ANDREWS AVE, SUITE 100 FT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCD MILLICHAP, WILLIAM A 2626 HANOVER ST. PALO ALTO, CA 94304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, HARVEY E 16830 VENTURA BOULEVARD, SUITE 352 ENCINO, CA 91436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS LORENZ, DONALD A 2626 HANOVER ST. PALO ALTO, CA 94304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MARCUS, GEORGE M 2626 HANOVER ST. PALO ALTO, CA 94304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARKAN, RANDALL I 2626 HANOVER ST. PALO ALTO, CA 94304	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KAISER, STUART E 16830 VENTURA BOULEVARD, SUITE 352 ENCINO, CA 91436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Paul S. Mudrich 2626 Hanover Street Palo Alto, CA 94304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. 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 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: _____ Date: 4-12-4 Daytime Phone #: 650/494-8900					