



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90228 004 ***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 800 W EL CAMINO KEA STE 200 MOUNTAIN VIEW, CA 94040 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 800 W. El Camino Real Suite 200 Mountain View, CA 94040 United States	
			
		04172007 Chg-P CR2E034 (12/06)	
		4. FEI Number 94-3245218	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	COC	TITLE	
NAME	MILLICHAP, WILLIAM A <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2626 HANOVER ST.	STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO, CA 94304	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, HARVEY E	NAME	
STREET ADDRESS	16830 VENTURA BOULEVARD, SUITE 352	STREET ADDRESS	
CITY-ST-ZIP	ENCINO, CA 91436	CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZ, DONALD A	NAME	
STREET ADDRESS	2626 HANOVER ST.	STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO, CA 94304	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, GEORGE M	NAME	
STREET ADDRESS	2626 HANOVER ST.	STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO, CA 94304	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUDRICH, PAUL S	NAME	
STREET ADDRESS	800 W EL CAMINO REAL STE 200	STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94040	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, STUART E	NAME	
STREET ADDRESS	16830 VENTURA BOULEVARD, SUITE 352	STREET ADDRESS	
CITY-ST-ZIP	ENCINO, CA 91436	CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Paul S. Mudrich Date: 4/19/07 Daytime Phone #: 650/396-1900	