

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


APPROVED
AND
FILED

07 NOV -8 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11022007 Chg-P CR2E034 (12/06)

DOCUMENT # F96000004468					
1. Entity Name MARCUS & MILLICHAP REAL ESTATE INVESTMENT SERVICES OF FLORIDA, INC.					
Principal Place of Business 2626 HANOVER STREET PALO ALTO, CA 94304 US			Mailing Address 800 W EL CAMINO REAL STE 200 MOUNTAIN VIEW, CA 94040 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 94-3245218	
				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		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	Senior Vice President Gene A. Berman 5900 N Andrews Ave., Suite 100 Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	First Vice President Steven Ekovich 7650 Courtney Campbell Cswy., Suite 920 Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	800112269438 11/14/07 01014 015 **\$1.25	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUDRICH, PAUL S 800 W EL CAMINO REAL STE 200 MOUNTAIN VIEW, CA 94040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		Paul S. Mudrich		11-5-7	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	