

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001952

FILED
Apr 21, 2011
Secretary of State

Entity Name: COLLIERS LATIN AMERICA, LLC

Current Principal Place of Business:

601 BRICKELL KEY DRIVE, SUITE 402
MIAMI, FL 33131

New Principal Place of Business:

601 BRICKELL KEY DRIVE,
SUITE 402
MIAMI, FL 33131

Current Mailing Address:

601 BRICKELL KEY DRIVE, SUITE 402
MIAMI, FL 33131

New Mailing Address:

601 BRICKELL KEY DRIVE,
SUITE 402
MIAMI, FL 33131

FEI Number: 65-0990608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIRA, LUIS G RA
601 BRICKELL KEY DRIVE, SUITE 402
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PMGR
Name: MCLERNON, CHRISTOPHER R
Address: 601 BRICKELL KEY DRIVE, SUITE 402
City-St-Zip: MIAMI, FL 33131

Title: S
Name: LIRA, LUIS G
Address: 601 BRICKELL KEY DRIVE, SUITE 402
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: LOMELIN ANAYA, JAVIER
Address: 601 BRICKELL KEY DRIVE, SUITE 402
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: LOMELIN ANAYA, AUSENCIO
Address: 601 BRICKELL KEY DRIVE, SUITE 402
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: HUMPHRIES, PETER
Address: 601 UNION STREET, SUITE 4800
City-St-Zip: SEATTLE, WA 98101

Title: CHRP
Name: FRYE, DOUGLAS P
Address: 601 UNION STREET, SUITE 4800
City-St-Zip: SEATTLE, WA 98101

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUIS G. LIRA

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04/21/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date