

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116079

FILED
May 02, 2007
Secretary of State

Entity Name: QUORUM REAL ESTATE SALES GROUP LLC

Current Principal Place of Business:

425 OCEAN DRIVE
107
MIAMI BEACH, FL 33149

New Principal Place of Business:

425 OCEAN DRIVE
107
MIAMI BEACH, FL 33139

Current Mailing Address:

425 OCEAN DRIVE
107
MIAMI BEACH, FL 33149

New Mailing Address:

425 OCEAN DRIVE
107
MIAMI BEACH, FL 33139

FEI Number: 20-3923889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AGUIRRE, CAMILO
14341 GLENCAIRN ROAD
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

AGUIRRE, CAMILO
425 OCEAN DRIVE
107
MIAMI BEACH, FL 33139 US

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:

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEUNIER, JEAN-MARC
Address: 425 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33149

Title: MGR () Delete
Name: AGUIRRE, CAMILO
Address: 425 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33149

Title: MGR () Delete
Name: COHEN, GARY
Address: 425 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33149

Title: ST () Delete
Name: ROBINSON, MILTON
Address: 425 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33149

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MEUNIER, JEAN-MARC
Address: 425 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR (X) Change () Addition
Name: AGUIRRE, CAMILO
Address: 425 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR (X) Change () Addition
Name: COHEN, GARY
Address: 425 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: ST (X) Change () Addition
Name: ROBINSON, MILTON
Address: 425 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MILTON ROBINSON

ST

05/02/2007

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