2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002927

Entity Name: KTR QUORUM LLC

CONSHOHOCKEN, PA 19428

FILED Feb 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5 TOWER BRIDGE FIVE TOWER BRIDGE

300 BARR HARBOR DRIVE, SUITE 150 300 BARR HARBOR DRIVE, SUITE 150

CONSHOHOCKEN, PA 19428

Current Mailing Address: New Mailing Address:

5 TOWER BRIDGE FIVE TOWER BRIDGE

300 BARR HARBOR DRIVE, SUITE 150 300 BARR HARBOR DRIVE, SUITE 150

CONSHOHOCKEN, PA 19428 CONSHOHOCKEN, PA 19428

FEI Number: 20-2896957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Fitle: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 KELTER, JEFFREY
 Name:
 KELTER, JEFFREY E

 Address:
 767 THIRD AVE, 32RD FLOOR
 Address:
 767 THIRD AVE, 32ND FLOOR

 City-St-Zip:
 NEW YORK, NY 10017
 City-St-Zip:
 NEW YORK, NY 10017 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 SAVAGE, ROBERT
 Name:
 SAVAGE, ROBERT F

 Address:
 767 THIRD AVE, 32RD FLOOR
 Address:
 767 THIRD AVE, 32ND FLOOR

 City-St-Zip:
 NEW YORK, NY 10017
 City-St-Zip:
 NEW YORK, NY 10017 US

Title: () Delete Title: MGRM () Change (X) Addition

Name: LLOYD, PETER

Address: 300 BARR HARBOR DRIVE, SUITE 150

City-St-Zip: City-St-Zip: CONSHOHOCKEN, PA 19428 US

Title: () Delete Title: MGRM () Change (X) Addition

Name:Name:BUTTE, STEPHEN JAddress:Address:300 BARR HARBOR DRIVE, SUITE 150

City-St-Zip: City-St-Zip: CONSHOHOCKEN, PA 19428 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER LLOYD MGRM 02/21/2006