

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000002927

1. Entity Name
KTR QUORUM LLC



Principal Place of Business
**FIVE TOWER BRIDGE
300 BARR HARBOR DRIVE, SUITE 150
CONSHOHOCKEN, PA 19428**

Mailing Address
**FIVE TOWER BRIDGE
300 BARR HARBOR DRIVE, SUITE 150
CONSHOHOCKEN, PA 19428**



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2896957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELTER, JEFFREY E 767 THIRD AVE, 32ND FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAVAGE, ROBERT F 767 THIRD AVE, 32ND FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOYD, PETER 300 BARR HARBOR DRIVE, SUITE 150 CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTTE, STEPHEN J 300 BARR HARBOR DRIVE, SUITE 150 CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/26/07-80018-020 50.00

11. 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 is true and accurate and that my 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: *[Signature]* 1-8-07 484-530-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #