


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M05000002927</b>	
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
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2896957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000910394  
05/06/08-80108-021 138.75

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	

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IN THIS SPACE

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:**  **4/17/08** **484-530-1885**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #