

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002927

Entity Name: KTR QUORUM LLC

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-2896957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGRM ( ) Delete  
Name: KELTER, JEFFREY E  
Address: 767 THIRD AVE, 32ND FLOOR  
City-St-Zip: NEW YORK, NY 10017 US

Title: MGRM (X) Delete  
Name: SAVAGE, ROBERT F  
Address: 767 THIRD AVE, 32ND FLOOR  
City-St-Zip: NEW YORK, NY 10017 US

Title: MGRM (X) Delete  
Name: LLOYD, PETER  
Address: 300 BARR HARBOR DRIVE, SUITE 150  
City-St-Zip: CONSHOHOCKEN, PA 19428 US

Title: MGRM (X) Delete  
Name: BUTTE, STEPHEN J  
Address: 300 BARR HARBOR DRIVE, SUITE 150  
City-St-Zip: CONSHOHOCKEN, PA 19428 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KIF PROPERTY TRUST  
Address: 300 BARR HARBOR DR, SUITE 150  
City-St-Zip: CONSHOHOCKEN, PA 19428 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: J. PETER LLOYD

SVP

01/14/2009

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