

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003697

Entity Name: DTZ ROCKWOOD LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

555 FIFTH AVENUE, 4TH FLOOR
NEW YORK, NY 10017

New Principal Place of Business:

555 FIFTH AVENUE
5TH FLOOR
NEW YORK, NY 10017

Current Mailing Address:

555 FIFTH AVENUE, 4TH FLOOR
NEW YORK, NY 10017

New Mailing Address:

555 FIFTH AVENUE
5TH FLOOR
NEW YORK, NY 10017

FEI Number: 13-3914520 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:

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:

Title: MGR () Delete
Name: MAGEE, JOHN W
Address: 555 FIFTH AVENUE, 5TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: MGR () Delete
Name: MCNULTY, DANIEL J
Address: 555 FIFTH AVENUE, 5TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES:

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: JOHN W MAGEE

MGR

05/01/2009

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