


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90035 017 \*\*\*\*50.00

<b>DOCUMENT # M06000005445</b> 1. Entity Name <b>SOLUS QUORUM TAMPA, LLC</b>					
Principal Place of Business <b>1 SUNAMERICA CENTER, 38TH FLOOR LOS ANGELES, CA 90067</b>			Mailing Address <b>1 SUNAMERICA CENTER, 38TH FLOOR LOS ANGELES, CA 90067</b>		
2. Principal Place of Business - No P.O. Box # <b>21650 Oxnard St</b>		3. Mailing Address <b>21650 Oxnard St</b>			
Suite, Apt. #, etc. <b>Floor 6</b>		Suite, Apt. #, etc. <b>Floor 6</b>			
City & State <b>Woodland Hills, CA</b>		City & State <b>Woodland Hills, CA</b>			
Zip <b>91367</b>		Country <b>USA</b>		Zip <b>91367</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays St.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>		
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 <u><b>Doreen F. Wallace</b></u> <b>Doreen F. Wallace</b> <b>as its agent</b> <b>1/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SA INVESTMENT GROUP 1 SUNAMERICA CENTER, 38TH FLOOR LOS ANGELES, CA 90067</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SA Investment Group 21650 Oxnard St FL6 Woodland Hill CA 91367</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.					
<b>SIGNATURE:</b> <u><b>Sant...</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	