



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

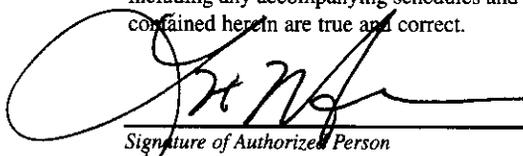
**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>154310</b>		2. Exact name of the limited liability company <b>CB Richard Ellis Real Estate Services, LLC</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Commercial real estate related services.</b>			
5. Principal office address <b>11150 Santa Monica Blvd., Suite 1600</b>		City <b>Los Angeles</b>	State <b>CA</b>	Zip <b>90025</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <b>Cindy Kee</b>		Contact Title <b>Sr. Corporate Paralegal</b>			
Street Address <b>11150 Santa Monica Blvd., Suite 1600</b>		City <b>Los Angeles</b>	State <b>CA</b>	Zip <b>90025</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENT (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>CT CORPORATION SYSTEM</b>		Address			
Address <b>10 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

  
Signature of Authorized Person 10/26/2007  
Date

**Laurence H. Midler**  
Print or Type Name of Authorized Person

<b>FILED</b>
File Date <b>NOV 13 2007</b>
Check No. <b>1857231</b>
By: <b>1857231</b>
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