PAPE CON FOIL OF	FORIDA	DEFARIA	NI FSIA	091		
FOR LIMITED PARTNERSHIP	3.7	ndra B. R Secretary on IN OF CO	Aortham of State RPORATIONS	SECRETA DIVISION OF	ILED RY OF STAT CORPORATI	E IONS
DOCUMENT # B9700000091 1. Name of Limited Partnership BRE/Southwest Partners I L.P.				98 MAY 14 PM 3: 59		
2. Mading Address c/o The Blackstone Group	3. Principal Office Address 345 Park Avenue			4. Date Formed or Registered To Do Business in Florida 02/14/97		
Suite, Apt. #, etc 345 Park Avenue	Suite, Apt. #, etc.			5. FEI Number	_	Applied For
City & State York, N.Y.	City & State New York, N. Y	· · · · · · · · · · · · · · · · · · ·		13-3923004		Not Applicable
Zip Country	Zip Country			CERTIFICATE OF STATUS DESII		dditional Lee required Certificate of Status
10154	10154	10154		7. State or Country of Formation Delaware		
8a. Capital Contributions as Shown on Record 10,000.00 8b. Amount of Capital Contributions in FLORIDA to date:	Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and eppropriate filing fee.					
9. Name and Address of Current Re	egistered Agent		Name	10. If changed, new registered	agent/office	
CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324			Street Address (P.O. Box Number Is Not Acceptable 5/15/9801107011 Suite. Apt. #. etc. *****658.75 *****658.75 City FL Zip Cod			
10a. Pursuant to the provisions of sections 620 1051 and 65 for the purpose of changing its registered office or registered. (am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS MUST	istered agent, or both, in the S section 620 192, Florida Statu	tate of Florid les.	da. Such change was	authorized by its general partner(s). I hereb	State of Florida, s y accept the appo	ointment of registered
11. Names of General Partner(s)	Address of Each General Partrier (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	11a. Do	Registration ocument Number	
BRE/Southwest Partners I L	345 Park A	venue	Ne	EMENT 1998	M9700000	00058

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE_

Telephone Number (212)836-9813 Typed or Printed Name of General Partner Signing Form Gary M. Sumers, Managing Director of