

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B97000000091

1. Entity Name
BRE Southwest Partners I L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 27 PM 1:29

Principal Place of Business Mailing Address
c/o The Blackstone Group c/o The Blackstone Group
345 Park Avenue 345 Park Avenue
New York, N.Y. 10154 New York, N.Y. 10154

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3923004 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
9. Capital Contributions \$10,000.00 as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	M97000000058	STREET ADDRESS	600003313726--0	
NAME	BRE Southwest Partners I L.L.C.	CITY-ST-ZIP	-07/05/00--01104--005	
STREET ADDRESS	345 Park Avenue		****158.75 ****158.75	
CITY-ST-ZIP	New York, N.Y. 10154			
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STREET ADDRESS				
CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ Date 5/31/00 Daytime Phone # 212-583-5348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2F003 (9/99)