

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017476 AF

**DOCUMENT # B97000000091**  
 1. Entity Name  
**BRE/SOUTHWEST PARTNERS I L.P.**

**FILED**

**01 MAR -9 PM 12:05**

**SECRETARY OF STATE  
 TALLAHASSEE FLORIDA**

Principal Place of Business: **345 PARK AVENUE  
 NEW YORK NY 10154**  
 Mailing Address: **C/O THE BLACKSTONE GROUP  
 345 PARK AVENUE  
 NEW YORK NY 10154**



DO NOT WRITE IN THIS SPACE

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

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 FL 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$10,000.00**  
 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	
DOCUMENT #	<b>M97000000058</b>
NAME	<b>BRE/SOUTHWEST PARTNERS I, L.L.C.</b>
STREET ADDRESS	<b>345 PARK AVENUE</b>
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800003831368--2</b>
CITY-ST-ZIP	<b>-03/12/01--01127--015-              ****158.75 ****158.75</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:** SIGNATURE REQUIRED **3/1/2001** **(212) 583-5348**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)