

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR 28 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JA*



03162005 Chg-P CR2E034 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # F04000005596**

1. Entity Name  
BRE/ESA P PORTFOLIO OPERATING LESSEE INC.



Principal Place of Business  
9 EAST LOOCKERMAN STREET, SUITE 1-B  
DOVER, DE 19901

Mailing Address  
9 EAST LOOCKERMAN STREET, SUITE 1-B  
DOVER, DE 19901

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
100 Dunbar Street  
Suite, Apt. #, etc.  
City & State  
Spartanburg SC  
Zip Country

6. Name and Address of Current Registered Agent  
NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

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. I am familiar with, and accept the obligations of registered agent.

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SCHWARZMAN, STEPHEN A 9 EAST LOOCKERMAN STREET, SUITE 1-B DOVER, DE 19901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Piero Bussani 100 Dunbar Street Spartanburg SC 29306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDMAN, ROBERT L 9 EAST LOOCKERMAN STREET, SUITE 1-B DOVER, DE 19901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	asst. Secretary F. Joseph Rogers 100 Dunbar Street Spartanburg SC 29306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUMERS, GARY M 9 EAST LOOCKERMAN STREET, SUITE 1-B DOVER, DE 19901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200050509412 04/12/05--01007--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAY, JONATHAN D 9 EAST LOOCKERMAN STREET, SUITE 1-B DOVER, DE 19901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, WILLIAM J 9 EAST LOOCKERMAN STREET, SUITE 1-B DOVER, DE 19901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MCDONAGH, DENNIS J 9 EAST LOOCKERMAN STREET, SUITE 1-B DOVER, DE 19901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* 3/19/2005 864-573-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #