

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005596

FILED
Feb 12, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

100 DUNBAR STREET
SPARTANBURG, SC 29306

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SCHWARZMAN, STEPHEN A
Address: 9 EAST LOOCKERMAN STREET, SUITE 1-B
City-St-Zip: DOVER, DE 19901

Title: VD () Delete
Name: FRIEDMAN, ROBERT L
Address: 9 EAST LOOCKERMAN STREET, SUITE 1-B
City-St-Zip: DOVER, DE 19901

Title: VD () Delete
Name: SUMERS, GARY M
Address: 9 EAST LOOCKERMAN STREET, SUITE 1-B
City-St-Zip: DOVER, DE 19901

Title: VD () Delete
Name: GRAY, JONATHAN D
Address: 9 EAST LOOCKERMAN STREET, SUITE 1-B
City-St-Zip: DOVER, DE 19901

Title: VD () Delete
Name: STEIN, WILLIAM J
Address: 9 EAST LOOCKERMAN STREET, SUITE 1-B
City-St-Zip: DOVER, DE 19901

Title: VSTD () Delete
Name: MCDONAGH, DENNIS J
Address: 9 EAST LOOCKERMAN STREET, SUITE 1-B
City-St-Zip: DOVER, DE 19901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH BRADY

AGC

02/12/2006

Electronic Signature of Signing Officer or Director

_____ Date