

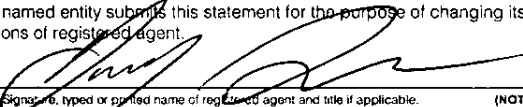
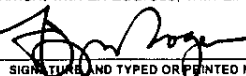


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000002295 1. Entity Name BRE/ESA 2005 OPERATING LESSEE INC						FILED 06 OCT 12 AM 11:25 SEC. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 345 PARK AVENUE NEW YORK, NY 10154				Mailing Address 9 EAST LOOCKERMAN STREET, SUITE 18 DOVER, DE 19801			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 DUNBAR ST TAX DEPT		 09272006 REIN-P CR2E098 (1405)			
City & State SPARTANBURG SC		City & State SPARTANBURG SC		4. FEI Number 20-2825471		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 29306	Country	Zip 29306	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NRAI SERVIES, 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 				GARY Sherman, Asst. Secretary 10/6/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAY, JONATHAN D 345 PARK AVENUE NEW YORK, NY 10154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400081185604 10/25/06--01032--020 **750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, WILLIAM J 345 PARK AVENUE NEW YORK, NY 10154	<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 345 PARK AVENUE NEW YORK, NY 10154	<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 SUMERS, GARY M 345 PARK AVENUE NEW YORK, NY 10154	<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		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST SECRETARY F JOSEPH ROGERS 100 DUNBAR ST SPARTANBURG SC 29306		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				F JOSEPH ROGERS 10/5/06 864 573 1869 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			