

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90252 019 \*\*\*\*50.00

**DOCUMENT # M02000003390**

**1. Entity Name**  
**BRE/CW SUITES L.L.C.**



**Principal Place of Business**  
**C/O THE BLACKSTONE GROUP**  
**345 PARK AVE**  
**NEW YORK, NY 10154**

**Mailing Address**  
**C/O THE BLACKSTONE GROUP**  
**345 PARK AVE**  
**NEW YORK, NY 10154**



02052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**13-4228757**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

|                       |                                       |
|-----------------------|---------------------------------------|
| <b>TITLE</b>          | <b>MGRM</b>                           |
| <b>NAME</b>           | <b>SUMERS, GARY M</b>                 |
| <b>STREET ADDRESS</b> | <b>345 PARK AVENUE 31ST FL</b>        |
| <b>CITY-ST-ZIP</b>    | <b>NEW YORK, NY 10154</b>             |
| <b>TITLE</b>          | <b>Manager</b>                        |
| <b>NAME</b>           | <b>Dennis McDonagh</b>                |
| <b>STREET ADDRESS</b> | <b>c/o The Blackstone Group</b>       |
| <b>CITY-ST-ZIP</b>    | <b>345 Park Ave., N.Y. N.Y. 10154</b> |
| <b>TITLE</b>          |                                       |
| <b>NAME</b>           |                                       |
| <b>STREET ADDRESS</b> |                                       |
| <b>CITY-ST-ZIP</b>    |                                       |
| <b>TITLE</b>          |                                       |
| <b>NAME</b>           |                                       |
| <b>STREET ADDRESS</b> |                                       |
| <b>CITY-ST-ZIP</b>    |                                       |
| <b>TITLE</b>          |                                       |
| <b>NAME</b>           |                                       |
| <b>STREET ADDRESS</b> |                                       |
| <b>CITY-ST-ZIP</b>    |                                       |

**DO NOT WRITE  
IN THIS SPACE**

**11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

**Dennis McDonagh**

**3/25/04**

**212-583-5348**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #