


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 26 AM 9:27

DOCUMENT # M02000003390 1. Entity Name BRE/CW SUITES L.L.C.	
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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
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DO NOT WRITE IN THIS SPACE



04082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4228757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____

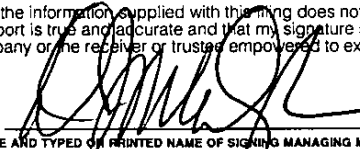
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMERS, GARY M 345 PARK AVENUE 31ST FL NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDONAGH, DENNIS % THE BLACKSTONE GROUP- 345 PARK AVE. NEW YORK, NY 10154
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06/17/05--01029--003 **350.00

**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 J. MCDONAGH** **4/14/05** **212-583-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #