

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90252 001 \*\*\*300.00

**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**

**DO NOT WRITE IN THIS SPACE**



05242006 No Chg-LLC

CR2E083 (11/05)

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 September 6, 2006**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 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:**

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

Date

Daytime Phone #

**DENNIS MCDONAGH**

**05/31/06**

**212-583-5000**