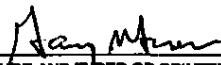


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 MAY -2 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> M02000003390					
<b>1. Entity Name</b> BRE/CW SUITES L.L.C.					
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> C/O THE BLACKSTONE GROUP Suite, Apt. #, etc. 345 PARK AVENUE City & State NEW YORK, NY Zip 10154		<b>3. Mailing Address</b> C/O THE BLACKSTONE GROUP Suite, Apt. #, etc. 345 PARK AVENUE City & State NEW YORK, NY Zip 10154			
		<b>DO NOT WRITE IN THIS SPACE</b>			
		<b>4. FEI Number</b> 13-4228757	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;"><b>Applied For</b></td></tr><tr><td><b>Not Applicable</b></td></tr></table>	<b>Applied For</b>	<b>Not Applicable</b>
<b>Applied For</b>					
<b>Not Applicable</b>					
		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b>			
<b>DO NOT WRITE IN THIS SPACE</b>		Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION <b>FL</b> Zip Code 33324			
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <span style="float:right;"><small>DATE</small></span>					
		<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b>	MGRM	<b>TITLE</b>			
<b>NAME</b>	SUMERS, GARY M	<b>NAME</b>			
<b>STREET ADDRESS</b>	345 PARK AVENUE, 31ST FL	<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>	NEW YORK, NY 10154	<b>CITY - ST - ZIP</b>			
<b>TITLE</b>		<b>TITLE</b>			
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>			
<b>TITLE</b>		<b>TITLE</b>			
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>			
<b>TITLE</b>		<b>TITLE</b>			
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>			
<b>TITLE</b>		<b>TITLE</b>			
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>GARY M SUMERS</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> 4/28/03	<small>Daytime Phone #</small> (212) 583-5348		

CR2E089B (12/02)