

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001345

1. Entity Name

BRE/HOMESTEAD PORTFOLIO L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 26 AM 9:26

Principal Place of Business

C/O BLACKSTONE REAL ESTATE ACQUISITIONS  
345 PARK AVENUE  
NEW YORK, NY 10154

Mailing Address

C/O BLACKSTONE REAL ESTATE ACQUISITIONS  
345 PARK AVENUE  
NEW YORK, NY 10154

*[Handwritten signature]*



04082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

06-1689049

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEIN, WILLIAM J 345 PARK AVENUE 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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

300056299093  
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 #