


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # M04000005550**

1. Entity Name  
**BLACKSTONE REAL ESTATE ACQUISITIONS IV L.L.C.**



Principal Place of Business      Mailing Address  
**345 PARK AVENUE**      **345 PARK AVENUE**  
**NEW YORK, NY 10154**      **NEW YORK, NY 10154**

**30010063**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.



05242006    Chg-LLC    CR2E083 (11/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**APPLIED FOR**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$5.00** Additional Fee Required

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

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARZMAN, STEPHEN A 345 PARK AVENUE NEW YORK, NY 10154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUMERS, GARY M 345 PARK AVENUE NEW YORK, NY 10154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, JONATHAN D 345 PARK AVENUE NEW YORK, NY 10154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDONAGH, DENNIS J 345 PARK AVENUE NEW YORK, NY 10154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **DENNIS MCDONAGH**    05/31/06    212-583-5000

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