2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 JUN 28 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/10/2007-90420-017-$50.00-$50.00

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30010727

DOCUMENT # M06000000172

1. Entity Name
LQ MANAGEMENT L.L.C.

04192007 Chg-LLC CR2E083 (12/06)

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
909 Hidden Ridge	909 Hidden Ridge
Suite, Apt. #, etc. Ste 600	Suite, Apt. #, etc. Ste 600
City & State Irving, TX	City & State Irving, TX
Zip: 75038 Country: U.S.	Zip: 75038 Country: U.S.

4. FEI Number
20-4043969
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	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's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

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Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Blackstone Real Estate Acquisitions III, LLC 345 Park Avenue New York, NY 10154 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Blackstone Real Estate Acquisitions III, LLC 345 Park Avenue New York, NY 10154 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800105865298 07/10/07--01039--003 **9.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Mark M. Chlopek - EVP, G.C. Secr. 4/27/07 (214) 492-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #