

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90496 021 \*\*\*\*50.00

**DOCUMENT # M97000000058**

1. Entity Name  
**BRE/SOUTHWEST PARTNERS I L.L.C.**



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

Mailing Address  
**% THE BLACKSTONE GROUP  
345 PARK AVENUE  
NEW YORK, NY 10154**

**DO NOT WRITE IN THIS SPACE**

02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**13-3939442**

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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SUMERS, GARY M
STREET ADDRESS	% 345 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10154
TITLE	Manager
NAME	McDonagh
STREET ADDRESS	Dennis McDonagh
CITY-ST-ZIP	c/o The Blackstone Group
	345 Park Ave., N.Y. N.Y. 10154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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 McDonagh**

**3/25/04**

**212-583-5348**

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

Date

Daytime Phone #