

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000554

1. Entity Name
BRE/BH HOLDINGS L.L.C.

APPROVED
AND
FILED

00 MAY 18 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
345 PARK AVENUE
NEW YORK NY 10154

Mailing Address
345 PARK AVENUE
NEW YORK NY 10154-0004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1405623

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKSTONE REAL ESTATE PARTNERS II L.P. 345 PARK AVENUE NEW YORK NY 10154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKSTONE REAL ESTATE PARTNERS II.TE.1 LP 345 PARK AVENUE NEW YORK NY 10154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKSTONE REAL ESTATE PARTNERS II.TE.2 LP 345 PARK AVENUE NEW YORK NY 10154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKSTONE REAL ESTATE PARTNERS II.TE.3 LP 345 PARK AVENUE NEW YORK NY 10154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKSTONE REAL ESTATE PARTNERS II.TE.4 LP 345 PARK AVENUE NEW YORK NY 10154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKSTONE REAL ESTATE HOLDINGS II L.P. 345 PARK AVENUE NEW YORK NY 10154	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	800003287578-5 -06/13/00--01079--018 *****50.00 *****50.00	<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

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:

Harry M. Green **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Senior Managing Director 5/11/00

(6 1) 880325-C

0013347 AF