

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 31, 2004 08:00 AM
Secretary of State**

DOCUMENT # M97000000554

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



Principal Place of Business

**345 PARK AVENUE
NEW YORK, NY 10154**

Mailing Address

**C/O 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
84-1405623

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**

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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**

U000000100226
03/31/04-80037-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BLACKSTONE REAL ESTATE PARTNERS II L.P.
STREET ADDRESS	345 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10154
TITLE	MGRM
NAME	BLACKSTONE REAL ESTATE PARTNERS II,TE.1 LP
STREET ADDRESS	345 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10154
TITLE	MGRM
NAME	BLACKSTONE REAL ESTATE PARTNERS II,TE.2 LP
STREET ADDRESS	345 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10154
TITLE	MGRM
NAME	BLACKSTONE REAL ESTATE PARTNERS II,TE.3 LP
STREET ADDRESS	345 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10154
TITLE	MGRM
NAME	BLACKSTONE REAL ESTATE PARTNERS II,TE.4 LP
STREET ADDRESS	345 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10154
TITLE	MGRM
NAME	BLACKSTONE REAL ESTATE HOLDINGS II L.P.
STREET ADDRESS	345 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10154

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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)(f), 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:

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

3/25/04

Date

212-583-5348

Daytime Phone #