

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

06-09-2006 90252 001 ***300.00

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

30010062



05242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 September 6, 2006**

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

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

DENNIS McDONALD

05/31/06

212-583-5000