2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # M970000 OLDINGS L.L.C.			03 MAY -2 PM 12: 20						
Principal Place of Business Mailing Address				<u> </u>	1 USMAI -2 FMIZ. 20					
345 PARK AVENUE NEW YORK NY 10154		C/O THE BLACKSTONE GROUP 345 PARK AVENUE NEW YORK NY 10154			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Numi	ber 84-140562 3		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Cour	itry	5. Certificat	e of Status Desired		\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Re	gistered /	\gent		
ΩT	CORPORATION SYSTEM			Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address	ress (P.O. Box Number is Not Acceptable)					
r LAI	TIATION I E GOORT				-				ļ	
	y.			City			FL	Zip Cod	e	
the obligati	named entity submits this statement fo ons of registered agent. Signature, typed or printed name of registered agent			ed office or register		oth, in the State of Flor	da. I am f	amiliar with,	and accept	
	·	Make Check Payat Do	ole to Fi	FEE IS \$50.00 orida Departme ay 1, 2003	nt of State			,		
9.	MANAGING MEMBE		10.			ADDITIONS/0	CHANGES	<u> </u>		ন
NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete BLACKSTONE REAL ESTATE PARTNERS II L.P. 345 PARK AVENUE NEW YORK NY 10154				700017895547 05/02/0301053029 **50.00				Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACKSTONE REAL ESTATE PA 345 PARK AVENUE NEW YORK NY 10154	Delete					-	Change	Addition	CRZ
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACKSTONE REAL ESTATE HO 345 PARK AVENUE NEW YORK NY 10154 ertify that the information supplied with on this report is true and accurate and		CITY	E ET ADDRESS -ST-ZIP	ection 119 07/3	Yi) Florida Statutes 1	further cert	☐ Change	Addition .	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

4/28/03

(212) 583-5348

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

Date

Daytime Phone #