

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003371

**FILED**  
**Apr 27, 2021**  
**Secretary of State**  
**1251157260CC**

**Entity Name:** BSREP II WS FORT MYERS NORTHEAST, LLC

**Current Principal Place of Business:**

8919 W 21ST ST N STE 200 #316  
WICHITA, KS 67205

**Current Mailing Address:**

8919 W 21ST ST N STE 200 #316  
WICHITA, KS 67205 US

**FEI Number:** 80-0925260

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name BSREP II WS HOTEL TERM MEZZ A LLC  
Address 8919 W 21ST ST N STE 200 #316  
City-State-Zip: WICHITA KS 67205

Title MANAGING MEMBER  
Name BSREP II WS HOTEL TERM MM LLC  
Address 8919 W 21ST ST N STE 200 #316  
City-State-Zip: WICHITA KS 67205

Title AUTHORIZED PERSON  
Name SCHOENBERGER, LAURA  
Address 8919 W 21ST ST N STE 200 #316  
City-State-Zip: WICHITA KS 67205

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURA SCHOENBERGER

**AUTHORIZED PERSON**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date