

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000005391

**FILED**  
**May 04, 2020**  
**Secretary of State**  
**2844612872CC**

**Entity Name:** BSREP II WS PANAMA CITY, LLC

**Current Principal Place of Business:**

BROOKWOOD HOTELS, 8621 E. 21ST STREET NORTH, SUITE 230  
WICHITA, KS 67206

**Current Mailing Address:**

BROOKWOOD HOTELS, 8621 E. 21ST STREET NORTH, SUITE 230  
WICHITA, KS 67206 US

**FEI Number:** NOT APPLICABLE

**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: MANAGER, MEMBER  
Name: BSREP II WS HOTEL PORTFOLIO MM LLC  
Address: BROOKWOOD HOTELS, 8621 E. 21ST STREET NORTH, SUITE 230  
City-State-Zip: WICHITA KS 67206

Title: SECRETARY  
Name: SCHOENBERGER, LAURA  
Address: BROOKWOOD HOTELS, 8621 E. 21ST STREET NORTH, SUITE 230  
City-State-Zip: WICHITA KS 67206

Title: MEMBER  
Name: BSREP II WS HOTEL PORTFOLIO MEZZ A LLC  
Address: BROOKWOOD HOTELS, 8621 E. 21ST STREET NORTH, SUITE 230  
City-State-Zip: WICHITA KS 67206

Title: COO  
Name: WRIGHT, DARIEN  
Address: 799 9TH STREET NW, 15TH FLOOR  
City-State-Zip: NEW YORK NY 10281

Title: SENIOR VICE PRESIDENT  
Name: LANCASTER, AMY  
Address: 250 VESEY STREET, 15TH FLOOR  
City-State-Zip: NEW YORK NY 10281

Title: SENIOR VICE PRESIDENT  
Name: CLAYTON, ROY (ZIGGY)  
Address: 10801 MONROE RD, SUITE B  
City-State-Zip: MATTHEWS NC 28105

Title: TREASURER  
Name: WILLEY, RYAN  
Address: 1997 ANNAPOLIS EXCHANGE PKWY, SUITE 550  
City-State-Zip: ANNAPOLIS MD 21401

Title: VP  
Name: ZYSOPOULOS, JAMES  
Address: 250 VESEY STREET, 15TH FLOOR  
City-State-Zip: NEW YORK NY 10281

*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

**SECRETARY**

**05/04/2020**

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

\_\_\_\_\_  
Date