

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005399

Entity Name: BSREP II WS OCALA, 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:** 37-1738422**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 4
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 TERM MM LLC
Address BROOKWOOD HOTELS, 8621 E 21ST STREET N. SUITE 230
City-State-Zip: WICHITA KS 67206

Title COO
Name WRIGHT, DARIEN
Address 799 9TH STREET NW, SUITE 260
City-State-Zip: WASHINGTON DC 20001

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

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

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

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 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****05/01/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date