2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# M13000005400

Entity Name: BSREP II WS ORLANDO SOUTH, 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: 90-1006891

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	MANAGER, MEMBER	Title	SECRETARY
Name	BSREP II WS HOTEL TERM MM LLC	Name	SCHOENBERGER, LAURA
Address	BROOKWOOD HOTELS, 8621 E. 21ST STREET NORTH SUITE 230	Address	BROOKWOOD HOTELS, 8621 E. 21ST STREET NORTH SUITE 230
City-State-Zip:	WICHITA KS 67206	City-State-Zip:	WICHITA KS 67206
Title	MEMBER	Title	COO
Name	BSREP II WS HOTEL TERM MEZZ A	Name	WRIGHT, DARIEN
Address		Address	799 9TH STREET NW, SUITE 260
Address	BROOKWOOD HOTELS, 8621 E. 21ST STREET NORTH SUITE 230	City-State-Zip:	WASHINGTON DC 20001
City-State-Zip:	WICHITA KS 67206	Title	SENIOR VICE PRESIDENT
T :41 -		Name	CLAYTON, ROY (ZIGGY)
Title		Address	10801 MONROE RD, SUITE B
Name	LANCASTER, AMY	City-State-Zip:	MATTHEWS NC 28105
Address	250 VESEY STREET, 15TH FLOOR		
City-State-Zip:	NEW YORK NY 10281	Title	VP
		Name	ZYSOPOULOS, JAMES
Title	TREASURER	Address	250 VESEY STREET, 15TH FLOOR
Name	WILLEY, RYAN	City-State-Zip:	NEW YORK NY 10281
Address	1997 ANNAPOLIS EXCHANGE PKWY, SUITE 550		
City-State-Zip:	ANNAPOLIS MD 21401		

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

FILED May 04, 2020 Secretary of State 0626249130CC