

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005400

Entity Name: BSREP II WS ORLANDO SOUTH, LLC

Current Principal Place of Business:

8919 W. 21ST STREET NORTH
SUITE 200, #316
WICHITA, KS 67205

Current Mailing Address:

8919 W. 21ST STREET NORTH
SUITE 200, #316
WICHITA, KS 67205 US

FEI Number: 90-1006891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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, MANAGING MEMBER	Title	SENIOR COUNSEL, SECRETARY
Name	BSREP II WS HOTEL TERM MM LLC	Name	SCHOENBERGER, LAURA
Address	8919 W. 21ST STREET NORTH SUITE 200, #316	Address	8919 W. 21ST STREET NORTH SUITE 200, #316
City-State-Zip:	WICHITA KS 67205	City-State-Zip:	WICHITA KS 67205
Title	MEMBER	Title	COO
Name	BSREP II WS HOTEL TERM MEZZ A LLC	Name	WRIGHT, DARIEN
Address	8919 W. 21ST STREET NORTH SUITE 200, #316	Address	799 9TH STREET NW, SUITE 260
City-State-Zip:	WICHITA KS 67205	City-State-Zip:	WASHINGTON DC 20001
Title	SENIOR VICE PRESIDENT	Title	SENIOR VICE PRESIDENT
Name	LANCASTER, AMY	Name	CLAYTON, ROY (ZIGGY)
Address	250 VESEY STREET, 15TH FLOOR	Address	8919 W. 21ST STREET NORTH SUITE 200, #316
City-State-Zip:	NEW YORK NY 10281	City-State-Zip:	WICHITA KS 67205
Title	TREASURER	Title	VP
Name	WILLEY, RYAN	Name	ZYSOPOULOS, JAMES
Address	1997 ANNAPOLIS EXCHANGE PKWY, SUITE 550	Address	250 VESEY STREET, 15TH FLOOR
City-State-Zip:	ANNAPOLIS MD 21401	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

AUTHORIZED PERSON

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date