2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000002650

Entity Name: BSREP II WS FORT LAUDERDALE, 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: 46-5293198 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, MEMBER Title MEMBER

Name BSREP II WS HOTEL PORTFOLIO MM Name BSREP II WS HOTEL PORTFOLIO

LLC MEZZ A LLC

Address BROOKWOOD HOTELS, 8621 E 21ST Address BROOKWOOD HOTELS, 8621 E 21ST

STREET N. STREET N. STREET N. SUITE 230 SUITE 230

City-State-Zip: WICHITA KS 67206 City-State-Zip: WICHITA KS 67206

Title COO Title SENIOR VICE PRESIDENT

Name WRIGHT, DARIEN Name LANCASTER, AMY

Address 799 9TH STREET NW, SUITE 260 Address 250 VESEY STREET, 15TH FLOOR

City-State-Zip: WASHINGTON DC 20001 City-State-Zip: NEW YORK NY 10281

Title SECRETARY Title SENIOR VICE PRESIDENT

Name SCHOENBERGER, LAURA Name CLAYTON, ROY (ZIGGY)

Address BROOKWOOD HOTELS, 8621 E 21ST Address 10801 MONROE RD, SUITE B

STREET N. SUITE 230 City-State-Zip: MATTHEWS NC 28105

City-State-Zip: WICHITA KS 67206 Title VP

THE TREASURED Name ZYSOPOUL

Title TREASURER Name ZYSOPOULOS, JAMES

Name WILLEY, RYAN Address 250 VESEY STREET, 15TH FLOOR

Address 1997 ANNAPOLIS EXCHANGE PKWY, City-State-Zip: NEW YORK NY 10281

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 05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED May 01, 2020

Secretary of State

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