

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000009040

Entity Name: BSREP II WS ORLANDO BELLE ISLE 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:** 47-5532417**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:** SEAN HONAN

04/28/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, MANAGING MEMBER
Name BSREP II WS HOTEL PORTFOLIO MM LLC
Address 8919 W. 21ST STREET NORTH SUITE 200, #316
City-State-Zip: WICHITA KS 67205

Title MEMBER
Name BSREP II WS HOTEL PORTFOLIO MEZZ A LLC
Address 8919 W. 21ST STREET NORTH SUITE 200, #316
City-State-Zip: WICHITA KS 67205

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

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

Title SECRETARY
Name SCHOENBERGER, LAURA
Address 8919 W. 21ST STREET NORTH SUITE 200, #316
City-State-Zip: WICHITA KS 67205

Title SENIOR VICE PRESIDENT
Name CLAYTON, ROY (ZIGGY)
Address 8919 W. 21ST STREET NORTH SUITE 200, #316
City-State-Zip: WICHITA KS 67205

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**AUTHORIZED PERSON**

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date