


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 12 AM 11:25

SEC. OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F05000002295 1. Entity Name BRE/ESA 2005 OPERATING LESSEE INC	
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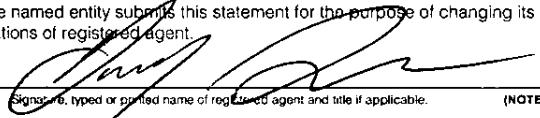
Principal Place of Business 345 PARK AVENUE NEW YORK, NY 10154	Mailing Address 9 EAST LOOCKERMAN STREET, SUITE 18 DOVER, DE 19801
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 100 DUNBAR ST TAX DEPT SPARTANBURG SC 29306
City & State Zip	City & State Zip



4. FEI Number 20-2825471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

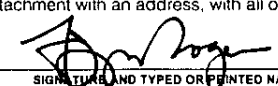
SIGNATURE:  **GARY Sherman, Asst. Secretary 10/6/06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete GRAY, JONATHAN D 345 PARK AVENUE NEW YORK, NY 10154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400081185604 10/25/06--01032--020 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete STEIN, WILLIAM J 345 PARK AVENUE NEW YORK, NY 10154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <input type="checkbox"/> Delete MCDONAGH, DENNIS J 345 PARK AVENUE NEW YORK, NY 10154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete SUMERS, GARY M 345 PARK AVENUE NEW YORK, NY 10154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ASST SECRETARY F JOSEPH ROGERS 100 DUNBAR ST SPARTANBURG SC 29306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **F JOSEPH ROGERS** 10/5/06 864 573 1869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #