

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007367

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: BRE/LQ OPERATING LESSEE INC.

**Current Principal Place of Business:**

909 HIDDEN RIDGE  
STE 600  
IRVING, TX 75038

**New Principal Place of Business:**

**Current Mailing Address:**

909 HIDDEN RIDGE  
STE 600  
IRVING, TX 75038

**New Mailing Address:**

FEI Number: 20-3960467      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: MP  
Name: GRAY, JONATHAN D  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

Title: MV  
Name: SUMERS, GARY M  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

Title: D  
Name: STEIN, WILLIAM J  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

Title: MVTS  
Name: MCDONAGH, DENNIS J  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

Title: MV  
Name: CAPLAN, KENNETH A  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

Title: V  
Name: CHLOUPEK, MARK M  
Address: 909 HIDDEN RIDGE STE 600  
City-St-Zip: IRVING, TX 75038

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK M. CHLOUPEK

V

04/27/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date