

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007367

FILED
Apr 23, 2012
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

04/23/2012

Electronic Signature of Signing Officer or Director

_____ Date