
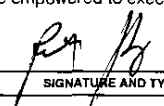


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B03000000394					
1. Entity Name CARLYLE/DKE FLORIDIAN, L.P.					
Principal Place of Business 1001 PENNSYLVANIA AVE, STE 220 WASHINGTON, DC 20004			Mailing Address 1001 PENNSYLVANIA AVE, STE 220 WASHINGTON, DC 20004		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0675377	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$25,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M03000003890		STREET ADDRESS		
NAME	CARLYLE FLORIDIAN GP, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	1001 PENNSYLVANIA AVE, STE 220		100031755351 04/02/04--01071--009 **526.25		
CITY-ST-ZIP	WASHINGTON, DC 20004				
DOCUMENT #	M03000003862		STREET ADDRESS		
NAME	DKE FLORIDIAN CHICAGO GROUP GP, LLC		CITY-ST-ZIP		
STREET ADDRESS	33 W MONROE ST, STE 1900				
CITY-ST-ZIP	CHICAGO, IL 60603				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Date 1/15/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 16 AM 10:31



01132004 Chg-LP CR2E003 (10/03)

4. FEI Number
20-0675377

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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STAPLE CHECK HERE