

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # B03000000394

1. Entity Name
CARLYLE/DKE FLORIDIAN, L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 12 AM 9:37

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

07202005 Chg-LP CR2E003 (10/03)

4. FEI Number

20-0675377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$25,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # M03000003890
NAME CARLYLE FLORIDIAN GP, L.L.C.
STREET ADDRESS 1001 PENNSYLVANIA AVE, STE 220
CITY-ST-ZIP WASHINGTON, DC 20004

DOCUMENT # M03000003862
NAME DKE FLORIDIAN CHICAGO GROUP GP, LLC
STREET ADDRESS 33 W MONROE ST, STE 1900
CITY-ST-ZIP CHICAGO, IL 60603

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300060052639

09/29/05--01005--010 **526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8/2/05

202-729-5290