

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SEC. OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 AM 8:49

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

DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP CR2E003 (11/05)

4. FEI Number
20-0075377 90-0189065

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #
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900066803019
02/28/06--01019--022 **500.00

**DO NOT WRITE
IN THIS SPACE**

14. 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 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

1-17-06 202-729-5280
Date Daytime Phone #

STAPLE CHECK HERE