


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 SEP 12 AM 9:37

DOCUMENT # B0400000380			
1. Entity Name CARLYLE/RECP NEW RIVER, L.P.			
Principal Place of Business 1001 PENNSYLVANIA AVE. SUITE 220 SOUTH WASHINGTON, DC 20004		Mailing Address 1001 PENNSYLVANIA AVE. SUITE 220 SOUTH 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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$20,000,000.00		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.			



07202005 Chg-LP CR2E003 (10/03)
 4. FEI Number 20-1534381 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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 #	M04000003515	STREET ADDRESS	
NAME	CARLYLE NEW RIVER GP, L.L.C.	CITY-ST-ZIP	100060852751 09/29/05--01005--012 **526.25
STREET ADDRESS	1001 PENNSYLVANIA AVE.	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20004	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  P/2105 202-729-5290