


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Feb 16, 2006 08:00 AM  
Secretary of State**

DOCUMENT # B04000000380  
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
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01112006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1534331	Applied For <input type="checkbox"/> 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

**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 file # 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 #	M04000003515
NAME	CARLYLE NEW RIVER GP, L.L.C.
STREET ADDRESS	1001 PENNSYLVANIA AVE.
CITY-ST-ZIP	WASHINGTON, DC 20004
DOCUMENT #	
NAME	
STREET ADDRESS	
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UN0000435919  
02/27/06-80014-007 500.00

STAPLE CHECK HERE

**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:  DATE: 1-17-06 DAYTIME PHONE #: 202-729-5280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER