

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B04000000380

**FILED**  
**Apr 02, 2011**  
**Secretary of State**

**Entity Name:** CARLYLE/RECP NEW RIVER, L.P.

**Current Principal Place of Business:**

1001 PENNSYLVANIA AVE.  
SUITE 220 SOUTH  
WASHINGTON, DC 20004

**New Principal Place of Business:**

1001 PENNSYLVANIA AVENUE, SUITE 220 SOUTH  
WASHINGTON, DC 20004

**Current Mailing Address:**

1001 PENNSYLVANIA AVE.  
SUITE 220 SOUTH  
WASHINGTON, DC 20004

**New Mailing Address:**

1001 PENNSYLVANIA AVENUE, SUITE 220 SOUTH  
WASHINGTON, DC 20004

**FEI Number:** 20-1534331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: M04000003515  
Name: CARLYLE NEW RIVER GP, L.L.C.  
Address: 1001 PENNSYLVANIA AVE.  
City-St-Zip: WASHINGTON, DC 20004

**ADDRESS CHANGES ONLY:**

Address: 1001 PENNSYLVANIA AVENUE, SUITE 220 SOUTH  
City-St-Zip: WASHINGTON, DC 20004

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MARC ST. PIERRE

POA

04/02/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date