

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SEC. OF STATE
 DIVISION OF CORPORATIONS

06 FEB 20 AM 8:49

DOCUMENT # B05000000211

1. Entity Name
 430 HIBISCUS, L.P.



Principal Place of Business
 1001 PENNSYLVANIA AVENUE NW
 WASHINGTON, DC 20004

Mailing Address
 1001 PENNSYLVANIA AVENUE NW
 WASHINGTON, DC 20004

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01112006 Chg-LP CR2E003 (11/05)

4. FEI Number
 20-2887813

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

7. Name and Address of New Registered Agent

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 _____
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M05000002631	STREET ADDRESS	
NAME	CRP QUADRILLE GP, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	1001 PENNSYLVANIA AVENUE NW		
CITY-ST-ZIP	WASHINGTON, DC 20004		
DOCUMENT #	L05000022473	STREET ADDRESS	
NAME	HH-430 HIBISCUS GP LLC	CITY-ST-ZIP	
STREET ADDRESS	4353 PONCE DE LEON BOULEVARD		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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

STAPLE CHECK HERE