

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000211

Entity Name: 430 HIBISCUS, L.P.

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1001 PENNSYLVANIA AVE, STE 220 SOUTH, NW  
WASHINGTON, DC 20004

## **New Principal Place of Business:**

1001 PENNSYLVANIA AVENUE  
SUITE 220 SOUTH, N.W.  
WASHINGTON, DC 20004

## **Current Mailing Address:**

1001 PENNSYLVANIA AVE, STE 220 SOUTH, NW  
WASHINGTON, DC 20004

## **New Mailing Address:**

1001 PENNSYLVANIA AVENUE  
SUITE 220 SOUTH, N.W.  
WASHINGTON, DC 20004

FEI Number: 20-2887813

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 #: M05000002631  
Name: CRP QUADRILLE GP, L.L.C.  
Address: 1001 PENNSYLVANIA AVE, STE 220 SOUTH, NW  
City-St-Zip: WASHINGTON, DC 20004

## **ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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

03/23/2011

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

\_\_\_\_\_  
Date