

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M04000003515

1. Entity Name

CARLYLE NEW RIVER GP, L.L.C.



Principal Place of Business

1001 PENNSYLVANIA AVENUE NW, STE. 220
WASHINGTON, DC 20004

Mailing Address

1001 PENNSYLVANIA AVENUE NW, STE. 220
WASHINGTON, DC 20004



01112006 No Chg-LLC

CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1512427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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 _____

Signature, typed or printed name of registered agent and title if applicable.

[NOTE: Registered Agent signature required when reinstating]

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000436100

02/27/06-80024-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CARLYLE REALTY III, L.P.
STREET ADDRESS 1001 PENNSYLVANIA AVENUE NW, STE. 220
CITY-ST-ZIP WASHINGTON, DC 20004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-17-06

202729-5280

Date

Daytime Phone #