## Florida Department of State

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FOREIGN LIMITED LIABILITY COMPANY

CRP Quadrille GP, L.L.C.

Certificate of Status 0 Certified Copy 0 Page Count 04 \$125.00 Estimated Charge

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IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CRP Quadrille GP, L.	L.C				
	(Name of Foreign Limited	Lis	bility Company)		
2. Delaware		3.			
	law of which foreign limited liability		(FEI number, if applicable)	<del></del>	
4. 05/04/2005		5.	Perpetual		
(Date of	Organization)		(Duration: Year limited liability company will ea exist or "perpetual")	esa to	
6. Upon Qualification					
	(Date first transacted business in F (See sections 608,50) & 608,502 F.5				
7. c/o The Carlyle Group	7 c/o The Carlyle Group, 1001 Pennsylvania Avenue NW, Washington DC 20004				
				SECHE TAILAH	
	(Street Address	of	Principal Office)	_ ₹% –	
8. If limited liability company is a manager-managed company, check here					
				교육 클	
9. The name and usu	al business addresses of the mar	)ag	ing members or managers are as follows:	355 <b>c:</b>	
Carlyle Realth	y II, L.P.			<b>新</b> 35	
1001 POMMS / VI	inia Ave., Stc 220				
Washington, 1	).C. 20004				
10. Attached is an original	certificate of existence, no more than 90	ďξ	ys old, duly authenticated by the official having custo:	ly of records in	
	two of which it is organized. (A photocop cunder outh of the translator must be sub		snotecceptable. If the conflicate is in a fixelign langu- ted)	ngs, a	
11. Nature of business	ss or purposes to be conducted o	rŗ	promoted in Florida: Revi State	<del></del>	
<u>Fruestment</u>					
	gu				
	Signature of a member or an an (In accordance wife section 608.408(3), an affirmation under the penalties of per	F.S.	orized representative of a member, the execution of this document constitutes y that the facts stated herein are true.)		
	Gara € . Block				
FLACT - GRISSISS CIT System Collins	Pyped or printe	d n	ame of signee		

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

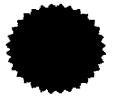
The name of CRP Quadrille GP	the Limited Liability Company is:	
2. The name ar	d the Florida street address of the registered agent and office are:	
	C T Corporation System	
	(Name)	
	1200 South Pine Island Road	05 MAY 17 SECRETARY FALLAHASSE
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FI 33324 City/State/Zip	17 AM 8: TARY OF STA
liability compan agent and agree relating to the p	med as registered agent and to accept service of process for the above stary at the place designated in this certificate, I hereby accept the appointme to act in this capacity. I further agree to comply with the provisions of all roper and complete performance of my duties, and I am familiar with and y position as registered agent as provided for in Chapter 608, Florida Start Corporation System  Stacy M. Rosenthal  Vice President and  (Signature)  Assistant Secretary	ted limbed \$\in\text{CT}\$ unt as registered li statutes l accept the

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)



I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY \*CRP QUADRILLE GP, L.L.C. \* IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTERNIE DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



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AUTHENTICATION: 3882243

DATE: 05-16-05