SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV -3 AM 10:05

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000004242

1. Entity Name
CARLYLE NO. 1 LLC

Principal Place of Business	Mailing Address
7 SYLVAN WAY PARSIPPANY, NJ 07054	22 SYLVAN WAY PARSIPPANY, NJ 07054
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10122010 Chg-LLC CR2E063 (11/08)

4. FEI Number: 20-3092485 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: registered Agent signature required when reinstating) DATE

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RCI PROPERTY HOLDCO, LLC 7 SYLVAN WAY PARSIPPANY, NJ 07054 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700187468297 11/05/10--01002--005 **138.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Steve Mcintyre, 10/28/10 973-753-7782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Authorized Representative

NOV 04 2010

CORPORATION SERVICE COMPANY®

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454

To: BRENDA L. TADLOCK, REGISTRATION SECTION

From: Angela Smith

Date: October 29, 2010

Order#: 560642-005

Re: CARLYLE NO. 1 LLC

Enclosed please find:

XX___ Annual report filing.
XX___ Check in the amount of $138.75.

Please take the following action:

XX___ File in your office on a routine basis.
XX___ Issue Proof of Filing.
XX___ Return Regular Mail in the enclosed envelope.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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