

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M07000002751

FILED
Oct 29, 2008
Secretary of State

Entity Name: CARLYLE CENTENNIAL BARTRAM SPRINGS, LLC

Current Principal Place of Business:

3050 PEACHTREE ROAD, N.W., SUITE 475
ATLANTA, GA 30305

New Principal Place of Business:

3050 PEACHTREE ROAD, N.W.,
STE 475
ATLANTA, GA 303052206

Current Mailing Address:

3050 PEACHTREE ROAD, N.W., SUITE 475
ATLANTA, GA 30305

New Mailing Address:

3050 PEACHTREE ROAD, N.W.,
STE 475
ATLANTA, GA 303052206

FEI Number: 20-8920859 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MICHAEL FULLMER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CENTENNIAL CCP GP I., LLC
Address: 3050 PEACHTREE ROAD, N.W., SUITE 475
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CENTENNIAL CCP GP I., LLC
Address: 3050 PEACHTREE ROAD, N.W., SUITE 475
City-St-Zip: ATLANTA, GA 303052206

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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: MICHAEL FULLMER

CONT

10/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date