

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000003
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CRP/UH OCEAN, L.L.C.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

A. LUNT

MAY 27 2010

EXAMINER

RECEIVED

11 MAY 26 PM 3:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRP/UH Ocean, L.L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy M. Rosenthal

Name of Person

The Carlyle Group

Firm/Company

1001 Pennsylvania Ave NW

Address

Washington DC 20004

City/State and Zip Code

stacy.rosenthal@carlyle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Rosenthal

Name of Person

at (

202

Area Code & Daytime Telephone Number

729-5251

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

ARTICLES OF CORRECTION

FOR

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
CRP/UH Ocean, L.L.C.

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The entity was incorrectly listed as a member-managed limited liability company. The entity is a manager-

managed limited liability company. The name and business address of the manager is:

Kevin Urgo c/o Urgo Hotels, 4707 Elm Street, Second Floor, Bethesda, MD 20814

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: May 26, 2011

Signature of a member or authorized representative of a member

Stacy M. Rose

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E062 (08/05)