

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A22785

1. Entity Name
SWEETWELL INDUSTRIAL ASSOCIATES L.P. LIMITED



FILED

04 OCT -1 AM 8:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**% LCP GROUP, DIANNE R. SMITH
355 LEXINGTON AVENUE, 14TH FL
NEW YORK, NY 10017**

Mailing Address
**% LCP GROUP, DIANNE R. SMITH
355 LEXINGTON AVENUE, 14TH FL
NEW YORK, NY 10017**

2. Principal Place of Business
c/o The LCP Group

3. Mailing Address
c/o The LCP Group

Suite, Apt. #, etc.
711 Westchester Avenue

Suite, Apt. #, etc.
711 Westchester Avenue

City & State
White Plains, NY

City & State
White Plains, NY

Zip
10604

Country
Westchester

Zip
10604

Country
Westchester

09292004 Chg-LP CR2E003 (10/03)

4. FEI Number
13-3381172

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE, FL 32301**

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.

DATE

9. Capital Contributions
as Shown on record. **\$10.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$10.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **A33485**
NAME **CAPITAL PROP. ASSOC. IX**
STREET ADDRESS **355 LEXINGTON AVENUE**
CITY-ST-ZIP **NEW YORK, NY**

STREET ADDRESS **711 Westchester Avenue**
CITY-ST-ZIP **White Plains, NY 10604**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **~~10/11/04 01053-001 **141.25 SC~~**
CITY-ST-ZIP **~~300041781143~~**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: Capital Properties Associates IX, LP, General Partner

SIGNATURE

E. Robert Roskind, GP 9/30/04 (914) 289-0059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE