2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Mar 01, 2005 08:00 AM Secretary of State

	DOCUMENT # A22785 1. Entity Name SWEETWELL INDUSTRIAL ASSOCIATES L.P. LIMITED								Secret	ary of State	
	Principal Place of Business % LCP GROUP 711 WESTCHESTER AVENUE WHITE PLAINS, NY 10604				ailing Address 6 LCP GROUP 11 WESTCHESTER AV HITE PLAINS, NY 10						
	2. Principal P	Suite, Apt. #, etc City & State			Mailing Address		h				
	Suite, Apt				Suite, Apt. #, etc. City & State			01072005 Chg-LP CR2E003 (10/03)			
Ī	City & State							4. FEI Number 13-3381		Applied Fo	
	Zìp	Country			Zip	Cour	ntry	5. Certificate o	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
- {	NIDAL CERVICES INC					Name					
	NRAI SERVICES INC 526 E PARK AVE TALLAHASSEE, FL 32301						Street Address (P.O. Box Number is Not Acceptable)				
	1712211111	JOEE, , E	02001						····	21- Oods	
							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									DATE	-
ŀ	Signature, typed or printed name of registered agent and little if applicable 9. Capital Contributions 10. Amount of Capital Contributions						hutions		1	DOTE	
	as Shown on record. \$10.00 in FLORIDA to date.							<u> </u>			
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUNOTE: General Partners MAY NOT be changed on the form: 12. GENERAL PARTNER INFORMATION 13.						n; an amendmer	TERED AND AG	i to change a g	eneral partner.	
-	12.	GENERAL PARTNER INFÖRMATION							ADDRESS CH	ANGES ONLY	
	DOCUMENT # NAME	A33485 CAPITAL PROP. ASSOC. IX			SIF		EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP		STCHESTER AVE LAINS, NY 1060		CII		y - \$1 - <i>Z</i> IP	· · · · · · · · · · · · · · · · · · ·			
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_	STREET ADDRESS City-St-Zip	(CII	(- S1 - ZIP				
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	14. I hereby certify that the information supplied with this filling 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, Elgorida Statutes By: Capital Properties IX, LP, General Partner										

E. Robert Roskind, GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

2/22/2005

(914) 289-0059

Daylime Phone #