

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006235 AT

DOCUMENT # A22785

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



FILED
03 MAY -6 PM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RAJM

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
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10.00	10. Amount of Capital Contributions in FLORIDA to date. \$10.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
A33485	CAPITAL PROP. ASSOC. IX	355 LEXINGTON AVENUE	NEW YORK NY		

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, L.P., General Partner

SIGNATURE: By: Robert Roskind, G.P. 4/28/03 (212) 692-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)