

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22785**

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



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

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

**RAJH**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **13-3381172**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**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

CITY-ST-ZIP

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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, L.P., General Partner**

SIGNATURE: By: **Robert Roskind, G.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/28/03**

**(212) 692-7200**

CR2E003 (10/02)