2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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DOCUI 1. Entity Nam CA NEW				DIVIS 06	ECRETAR SION CF C MAY - 1	LED Y OF STATE CORPORATIONS AM 9: 38			
Principal Place of Business Mailing Address]			•	
•						10075	2860	198	
420 LEXINGTON AVE. 420 LEXINGTON AVE.					hs 755	706n104	4nn2)98 **1500.00	
7TH FLOOR 7TH FLOOR			10		*U \ \	ton ordi	1 000	T COCK F CC	
NEW YORK, NY 10170 NEW YORK, NY 10170					<i>2</i> 2 2				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		***************************************	04142006	Chg-LP	CR2E00	3 (11/05)	
City & State		City & State		4. FEI Number 76-0645			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent			·	7. Name and Address of New Registered Agent					
T. Mario and Address of Garrent Neglisteres Agent				Name					
CORPORA	ATION SERVICE COMPANY								
1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)					
,									
			City	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 ————————————————————————————————————									
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00									
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 CH	ANGES ONLY	Y	
DOCUMENT #	F0200000926 CA NEW PLAN FLOATING RATE SPE, INC.								
NAME				STREET ADDRESS CA		NEW PLAN TEXAS ASSETS, INC.			
STREET ADDRESS	420 LEXINGTON AVE, 7TH FL				The Three Hobbits 1110.				
CITY-ST-ZIP	NEW YORK, NY 10170		CITY-ST-ZIP						
	HEW TORK, NT 1000								
DOCUMENT #			STREET ADDRESS						
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DOCUMENT #			STREET ADDRESS						
NAME			J. I.C. I NOUILEGO					w	
STREET ADDRESS			CITY-ST-ZIP						
CITY-ST-ZIP			J ur La						

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 transfer to this report as required by Chapter 620, Florida Statutes

SIGNATURE: ___

Steven F. Siegel

4/14/2006 212-869-3000