

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # B02000000072**

1. Entity Name  
**CA NEW PLAN ASSET PARTNERSHIP IV, L.P.**



**FILED**

**04 MAY 24 PM 1:37**

**STATE OF FLORIDA  
TALLAHASSEE FLORIDA**

**MJH**

Principal Place of Business  
**ATTN: MARIE GEORGES  
1120 AVENUE OF THE AMERICAS, 12TH FLOOR  
NEW YORK, NY 10036**

Mailing Address  
**ATTN: MARIE GEORGES  
1120 AVENUE OF THE AMERICAS, 12TH FLOOR  
NEW YORK, NY 10036**



**04152004 Chg-LP CR2E003 (10/03)**

**3/24**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**APPLIED FOR**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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. **\$50.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **F02000000896**  
NAME **CA NEW PLAN ASSET, INC.**  
STREET ADDRESS **1120 AVENUE OF THE AMERICAS, 12TH FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10036**

STREET ADDRESS

CITY-ST-ZIP

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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

**SIGNATURE:**

**Steven F. Siegel**

**4/19/2004 (212) 869-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE