

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 MAY 11 AM 11:41

DOCUMENT # B02000000072

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



Principal Place of Business  
 420 LEXINGTON AVE. 7TH FLOOR  
 NEW YORK, NY 10170

Mailing Address  
 420 LEXINGTON AVE. 7TH FLOOR  
 NEW YORK, NY 10170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052005 Chg-LP CR2E003 (10/03)

4. FEI Number 02-0548044  
 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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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 420 Lexington Avenue, 7th Floor  
 CITY-ST-ZIP New York, NY 10170

DOCUMENT #  
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 STREET ADDRESS  
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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

4/7/2005

(212) 869-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

for/CA New Plan Asset, Inc.

STAPLE CHECK HERE