APPROVED AND FILED

04 MAY -3 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B03000000377

1. Entity Name
CA NEW PLAN FIXED RATE PARTNERSHIP, L.P.

Principal Place of Business	Mailing Address
2711 CENTERVILLE RD., STE. 400 WILMINGTON, DE 19808	1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036

04152004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
1120 Avenue of the Americas			
Suite, Apt. #, etc: 12th Floor		Suite, Apt. #, etc.	
City & State: New York, New York		City & State	
Zip: 10036	Country: New York	Zip	Country

4. FEI Number ☑ 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $1,000.00

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 #	F03000005513	STREET ADDRESS	
NAME	CA NEW PLAN FIXED RATE SPE, INC.		
STREET ADDRESS	2711 CENTERVILLE RD., STE. 400	CITY-ST-ZIP	
CITY-ST-ZIP	WILMINGTON, DE 19808		
DOCUMENT #		STREET ADDRESS	U00000147105 05/03/04-00093-005 141.25
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STAPLE CHECK HERE

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 #