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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # B03000000377** 05 MAY | | AM | |: 4 | CA NEW PLAN FIXED RATE PARTNERSHIP, L.P. Principal Place of Business Mailing Address 420 LEXINGTON AVE. 7TH FLOOR 420 LEXINGTON AVE. 7TH FLOOR NEW YORK, NY 10170 NEW YORK, NY 10170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 CR2E003 (10/03) 4. FEI Number City & State City & State APPLIED FOR 0551656 Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2525 City Zip Code FL 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 10. Amount of Capital Contributions \$1,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY 13. F03000005513 DOCUMENT # 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 NAME STREET ADDRESS CITY-ST-ZIP 500055914465 CITY-ST-ZIP 08/03/05~-01067--002-DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. mereby certify that the information supplied with this tiling 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 Steven F. Siegel 4/13/2005 (212) 869-3000 SIGNATURE:

for/CA New Plan Fixed Rate SPE, Inc.

Daytime Phone #