--- 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M00000000275

CA NEW PLAN VENTURE FUND, LLC



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

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

Mailing Address

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



04142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2222193

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

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8. The a	above named entity submits this statement for the purpose of chabiligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and	accer
SIGNATI				_ <u></u> -
-	Signature, typed or printed name of registered egent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE	
	Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS	MANAGING MEMBERS/MANAGERS		
7:7) 0	MACOM			

TITLE	MGRM
NAME	CA NEW PLAN VENTURE PARTNER:
STREET ADDRESS	20 LEXINGTON AVENUE, 7TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10170
TITLE	MGRM
NAME	SUNBELT RETAIL L.L.C
STREET ADDRESS	TWO SEAPORT LANE
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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DO NOT WRITE IN THIS SPACE

11. 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 managing member or manager of the limited liability company or the receiper printing employers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

Steven F. Siegel

4/14/2006

212-869-3000