

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000275

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** CA NEW PLAN VENTURE FUND, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 52-2222193      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CA NEW PLAN VENTURE, PARTNERS  
Address: 20 LEXINGTON AVENUE, 7TH FLOOR  
City-St-Zip: NEW YORK, NY 10170

Title: MGRM ( ) Delete  
Name: SUNBELT RETAIL L.L.C.,  
Address: TWO SEAPORT LANE  
City-St-Zip: BOSTON, MA 02110

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN SIEGEL

EVP

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date