

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015804 AF

DOCUMENT # **A08754**

1. Entity Name

**LARLOOSA ASSOCIATES LIMITED PARTNERSHIP**

Principal Place of Business

% THE NEWKIRK GROUP  
100 JERICHO QUADRANGLE, #214  
JERICHO NY 11753

Mailing Address

% THE NEWKIRK GROUP  
100 JERICHO QUADRANGLE, #214  
JERICHO NY 11753

**FILED**  
01 JAN 30 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-3025895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$120,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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

DOCUMENT # **M97000000629**  
NAME **ADGOLD ASSOCIATES LLC**  
STREET ADDRESS **100 JERICHO QUADRANGLE, #214**  
CITY-ST-ZIP **JERICHO NY 11753**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**700003630407--2**

STREET ADDRESS

CITY-ST-ZIP

**02/02/01 01056 004**

**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 19.02(2)(i), Florida Statutes. I further certify that the information indicated on this report is true and correct and that my signature shall have the same legal effect as if made under oath by 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:

**By: Adgold Associates LLC Managing Member**  
**By: NewKirk Manager Corp., Manager**  
**By: Adgold Associates LLC**  
**By: Adgold Associates LLC**

Date

Daytime Phone #

**516**  
**681-3636**

CR2E003 (11/00)