FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE ___

1a. DOCUMENT # A08879

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 29 PH 3: 30

	700010			
DENPORT ASSOCIATES LIMITE	D PARTNERSHIP			
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
% NEWKIRK LIMITED PARTNERSHIP 500 W. PUTNAM AVE., 4TH FL	% NEWKIRK LIMITED PARTNERSHIP 500 W. PUTNAM AVE 4TH FL GREENWICH CT 06830 2a. Principal Office Address c/o The Newkirk Group		05/09/1980 38. Date of Lest Report	\$79,000.00
GREENWICH OT 00000			11/06/1997	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address			4. State or Country of Formation	to date:
/o The Newkirk Group Sulte, Apt. #, etc.	Sulte, Apt. #, etc.		6. FEI Number	
00 Jericho Quadrangle, #214 City & State	100 Jericho Quadrangle, #214 City & State		1	Applied For Not Applicable
ericho. NY Zip Country	Jericho, NY Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Regulred
1753	11753		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current R	tegistered Agent		10. If changed, new Registere	d Agent/Office
THE BARRISTAF HALL CARRANTIAN AVAT	-14 JN/A	Name		
	O1 HAYS STREET JITE 105 Suite, Apt. #, etc. City		D. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301				FL Zip Cott
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of the control o	pistered agent, or both, in the State of Florid	i limited partnership o a. Such change was a	authorized by its general partner(s). I hereb	by accept the appointment of repistered
SIGNATURE (Registered Agent Accepting Appointment)	0.4.000000171011.1	BAITED DA	DATE	
A GENERAL PARTNER THAT I	BE REGISTERED ANI	D ACTIVE V	VITH THIS OFFICE.	K BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Addreas of Each General Partner (Do NOT Use Post Office Box Numbers) 11b.		City, State & Zip Code	11c. Registration/ Document Number
DASIS ASSOCIATES LLC	**************************************		BREENWICH OT	M9700000636
			icho, NY 11753	M9700000636
			4000C -10 ***	736 5 3624\$ 70179 8- -01066015 **\$26 .2 \$ ****\$26.2\$
•				
Note: General partners MAY NOT	be changed on this form	; an amendr	nent must be filed to ch	ange a general partner.
12. I do hereby certify that the information supplied with this		•		

this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

see attached

DENPORT ASSOCIATES LIMITED PARTNERSHIP

By: Dasis Associates LLC

General Partner

By: Dasis Manager LLC

Managing Member

By: Newkirk Manager Corp.

Manager

BA: 1 11/1/2017

Assistant Secretary (516) 681-3636

Date: