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

1a. DOCUMENT # **A12305**

SECRETARY OF STATE DIVISION OF CURPORATIONS
98 SEP 29 PM 3: 29

# NEWKIRK LIMITED PARTNERSHIP 500 W. PUTNAM AVE. 4TH FL GREENWICH GI 06830 2. Malling Address c/o The Newkirk Group Sulte, Apt. #, etc. 100 Jericho Quadrangle, #214 City & State 2. Newkirk Limited Partnership 500 W. PUTNAM AVE. 4TH FL 500 W. Stale of Lest Report 500 W. Stale of Lest Report 600 W. Stale of Lest Report 60	**Shown on record. **56,896.50 D. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable **8.75 Additional Fee Required** (See reverse side for fee information)
SOO W. PUTNAM AVE. 4TH FL GREENWICH CT 06830 2. Malling Address c/o The Newkirk Group Sulte, Apt. #, etc. 100 Jericho Quadrangle, #214 City & State Soo W. PUTNAM AVE. 4TH FL GREENWICH CT 06830 3a. Date of Lest Report 11/06/1997 4. State or Country of Formation CT 6. FEI Number 13-3105550	\$56,896.50 D. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable \$8.75 Additional Fee Required
2. Malling Address c/o The Newkirk Group Sulte, Apt. #, etc. 100 Jericho Quadrangle, #214 City & State 2a. Principal Office Address c/o The Newkirk Group Sulte, Apt. #, etc. 100 Jericho Quadrangle, #214 City & State 11/00/1997 4. State or Country of Formation CT 6. FEI Number 13-3105550	Applied For Not Applicable \$8.75 Additional Fee Required
2a. Principal Office Address c/o The Newkirk Group Sulte, Apt. #, etc. 100 Jericho Quadrangle, #214 City & State Chy & State Chy	Applied For Not Applicable \$8.75 Additional Fee Required
Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. 100 Jericho Quadrangle, #214 City & State Sulte, Apt. #, etc. 100 Jericho Quadrangle, #214 City & State 6, FEI Number 13-3105550	Not Applicable \$8.75 Additional Fee Required
100 Jericho Quadrangle, #214 100 Jericho Quadrangle, #214 13-3105550	Not Applicable \$8.75 Additional Fee Required
City & State	\$8.75 Additional Fee Required
	Fee Required
Jericho, NY Jericho, NY 7. Certificate of Status Desired	(See reverse side for fee information)
11753 8, Make check payable to: Dept. of State (S	
9 Name and Address of Current Registered Agent 10, If changed, new Registered Agent	nt/Office
SUITE 105 TALLAHASSEE FL 32301 City 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	8-01033-018 .03 ****487.03 FL Zip 0.697
SIGNATURE (Registered Agent Accepting Appointment) DATE DATE OF A CORPORATION LIMITED DAD TAILED OF OTHER REGISTRATION OF A CORPORATION LIMITED DATE OF THE PROPERTY OF THE PR	OHOMECC ENTITY
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER B MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	SUSINESS ENTITY
11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 1	11c. Registration/ Document Number
CHADER ASSOCIATES LLC % 500 W. PUTNAM AVE. GREENWICH-CT-	M9700000633
100 Jericho Quadrangle, Jericho, NY 11753 #214	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

Corporations from any hability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Typed or Printed Name of General Partner Signing Form

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE see attached

Daytime Telephone Numb

WIE__

JAYAL ASSOCIATES LIMITED PARTNERSHIP

By: **Chader Associates LLC**

General Partner

Chader Manager LLC Managing Member By:

By: Newkirk Manager Corp.

Manager

Allison Forrester, **Assistant Secretary** (516) 681-3636