


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 11 AM 11:38

DOCUMENT # A17792	
1. Entity Name CENLAND ASSOCIATES LIMITED PARTNERSHIP	
	
Principal Place of Business 100 JERICHO QUADRANGLE, #214 C/O THE NEWKIRK GROUP JERICHO, NY 11753	Mailing Address 100 JERICHO QUADRANGLE, #214 C/O THE NEWKIRK GROUP JERICHO, NY 11753
2. Principal Place of Business	3. Mailing Address



06302005 Chg-LP CR2E003 (10/03)

4. FEI Number
13-3248165

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

c/o The Newkirk Group
Two Jericho Plaza, Wing A, Suite 111
Jericho, NY 11753

c/o The Newkirk Group
Two Jericho Plaza, Wing A, Suite 111
Jericho, NY 11753

b. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS ST., 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	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record. \$159,599.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GP9700000090 NOZAR ASSOCIATES 100 JERICHO QUADRANGLE, #214 JERICHO, NY 11753	STREET ADDRESS CITY-ST-ZIP	c/o The Newkirk Group Two Jericho Plaza, Wing A, Suite 111 Jericho, NY 11753
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

By: Nozar Associates, general partner

By: Nozar Corp. a partner

By: Allison Forester

ALLISON FORESTER
ASSOCIANT OF

7/5/05

516
822 0022

STAPLE CHECK HERE