2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005\_\_\_\_\_

FILED SECHETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # B01000000428** 1. Entity Name 05 JUL 11 AM11:42 NEWKIRK 21AT L.P. Principal Place of Business Mailing Address C/O THE NEWKIRK GROUP C/O THE NEWKIRK GROUP 100 JERICHO QUADRANGLE SUITE 214 100 JERICHO QUADRANGLE SUITE 214 JERICHO, NY 11753 JERICHO, NY 11753 2. Principal Place of Business 3. Mailing Address OTHE NEWKYK GYOU TWO Jericho Plaza WO Tericho Plana 07052005 Chg-LP CR2E003 (10/03) Applied For 4. FEI Number 11-3639362 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions \$5,000,00 as Shown on record. in FLORIDA to date. 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 M01000002789 DOCUMENT # STREET ADDRESS NAME **NEWKIRK 21AT GP LLC** STREET ADDRESS 100 JERICHO QUADRANGLE, SUITE 214 CITY-ST-ZIP CITY-ST-ZIP JERICHO, NY 11753 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>3000577</del>5 DOCUMENT A 07/21/05--01076--006 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITZ-ST-ZIP DÓCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 Chapter 620, Florida Statutes

LC, 9ChR (4) PC/h SIGNATURE: