

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** B01000000430

**1. Entity Name**

NEWKIRK SANTEX L.P.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**3. Mailing Address**

c/o The Newkirk Group  
00 Jericho Quadrangle, Suite 214  
Jericho, New York 11753

c/o The Newkirk Group  
100 Jericho Quadrangle, Suite 214  
Jericho, New York 11753

FILED

2002 FEB 26 PM 4:13

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

**4. FEI Number**

11-3639577

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

Street Address (P.O.)

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

City

**DO NOT WRITE  
IN THIS SPACE**

**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.

DATE

**9. Capital Contributions**  
as Shown on record.

\$5,000.00

**10. Amount of Capital Contributions**  
in FLORIDA to date.

\$5,000.00

**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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	NEWKIRK SANTEX GP LLC	c/o The Newkirk Group	
		100 Jericho Quadrangle, Suite 214	
		Jericho, New York 11753	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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CITY-ST-ZIP

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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 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 820, Florida Statutes.

**SIGNATURE:**

BY: NEWKIRK SANTEX GP LLC general partner  
BY: MLP Manager Corp., manager  
BY: ALISON FINE

2/26/02

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822 0022

CR2E003B (12/01)