


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000430	
1. Entity Name NEWKIRK SANTEX L.P.	

Principal Place of Business C/O THE NEWKIRK GROUP 100 JERICO QUADRANGLE SUITE 214 JERICO NY 11753	Mailing Address C/O THE NEWKIRK GROUP 100 JERICO QUADRANGLE SUITE 214 JERICO NY 11753
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 11-3639577	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____	DATE _____
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9. Capital Contributions as Shown on record. \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	M01000002793	STREET ADDRESS	
NAME	NEWKIRK SANTEX GP LLC	CITY - ST - ZIP	000000139753
STREET ADDRESS	100 JERICO QUADRANGLE, SUITE 214		04/29/04 00134 019 141.25
CITY - ST - ZIP	JERICO NY 11753		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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: <i>BY: NEWKIRK SANTEX GP LLC, general partner</i> <i>BY: MLP Manager Corp., manager</i> <i>Michael Ashner</i>	DATE: <i>4/14/04</i>	DAYTIME PHONE #: <i>516 822 0022</i>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER