


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 11 AM 11:26

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	
2. Principal Place of Business	3. Mailing Address	

[Handwritten signature]



06302005 Chg-LP CR2E003 (10/03)

4. FEI Number 11-3639577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

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Two Jericho Plaza, Wing A, Suite 111
Jericho, NY 11753

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 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.	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	M01000002793 NEWKIRK SANTEX GP LLC 100 JERICO QUADRANGLE, SUITE 214 JERICO, 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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STAPLE CHECK HERE

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:

[Handwritten signature: Allison Forrester]
By: MUP Manager Corp. manager
ALLISON FORRESTER

Date 7/5/05 Daytime Phone # 822 0022