

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000431

1. Entity Name

NEWKIRK SKOOB 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 4:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

11-3639637

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.C.) 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 #	NewKirk Skoob GP LLC	STREET ADDRESS	000005041990--2
NAME	c/o The Newkirk Group	CITY-ST-ZIP	03/04/02--01119--011
STREET ADDRESS	100 Jericho Quadrangle, Suite 214		****526.25 ****526.25
CITY-ST-ZIP	Jericho, New York 11753		
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CITY-ST-ZIP			

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IN THIS SPACE**

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: By: Newkirk Skoob GP LLC, general partner
By: MLP Manager (o/p), manager
By: Allison Throckmorton

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2/22/02 822 0022

CR2E003B (12/01)