

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # B0100000431

1. Entity Name
NEWKIRK SKOOB L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 11 AM 11:24

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

06302005 Chg-LP CR2E003 (10/03)

4. FEI Number
11-3639637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

c/o The Newkirk Group
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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

DOCUMENT # M01000002792
NAME NEWKIRK SKOOB GP LLC
STREET ADDRESS 100 JERICO QUADRANGLE, SUITE 214
CITY-ST-ZIP JERICO, NY 11753

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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

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 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

ALLISON FORRESTER
ASSISTANT SECRETARY

STAPLE CHECK HERE