

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 13, 2006 08:00 AM
Secretary of State

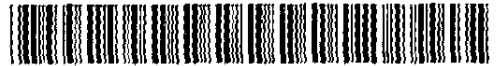
DOCUMENT # B01000000431

1. Entity Name
NEWKIRK SKOOB L.P.



Principal Place of Business
**C/O THE NEWKIRK GROUP
TWO JERICO PLAZA, WING A, SUITE 111
JERICHO, NY 11753**

Mailing Address
**C/O THE NEWKIRK GROUP
TWO JERICO PLAZA, WING A, SUITE 111
JERICHO, NY 11753**



01042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3639637

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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. 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 _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 **TWO JERICO PLAZA, WING A, SUITE 111**
CITY-ST-ZIP **JERICHO, NY 11753**

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**000000433202
02/24/06 80011-016 500.00**

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and by my signature, I have the same attested as true under oath; that I am a General Partner of the limited partnership or the receiver of the limited partnership as required by Chapter 119, Florida Statutes.

SIGNATURE: _____

ALLISON FORRESTER

Date _____

Daytime Phone # _____

STAPLE CHECK HERE