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	Mailing Address
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

DO NOT WRITE IN THIS SPACE

01042006 No Chg-LP CR2E003 (11/05)

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

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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
Signature, typed or printed name of registered agent and title if applicable

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 JERICHO PLAZA, WING A, SUITE 111
CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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.

NEWKIRK SKOOB GP LLC, General Partner
By: MLP Manager Corp., Manager
By: Allison Forrester

SIGNATURE: _____
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

ALLISON FORRESTER