


141-25
**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # B01000000433	
1. Entity Name NEWKIRK WASHTEX L.P.	

FILED

03 MAR 13 PM 4:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business C/O THE NEWKIRK GROUP 100 JERICHO QUADRANGLE SUITE 214 JERICHO NY 11753	Mailing Address C/O THE NEWKIRK GROUP 100 JERICHO QUADRANGLE SUITE 214 JERICHO NY 11753
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2/13

DUE BY MAY 1, 2003

4. FEI Number 11-3639612		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New 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

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.

9. Capital Contributions as Shown on record. \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	M01000002790	STREET ADDRESS	
NAME	NEWKIRK WASHTEX GP LLC	CITY-ST-ZIP	
STREET ADDRESS	100 JERICHO QUADRANGLE, SUITE 214		
CITY-ST-ZIP	JERICHO NY 11753		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: *NEWKIRK WASHTEX GP LLC, general partner*
SIGMA PUMMANAGAN CORP., manager 3/4/03 516 6813636
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER) Date Daytime Phone

CR2E003 (10/02)