


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B01000000434</b>	
<b>1. Entity Name</b> NEWKIRK ALWOOD L.P.	

<b>Principal Place of Business</b> C/O THE NEWKIRK GROUP 100 JERICO QUADRANGLE SUITE 214 JERICO NY 11753	<b>Mailing Address</b> C/O THE NEWKIRK GROUP 100 JERICO QUADRANGLE SUITE 214 JERICO NY 11753
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 11-3639428	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	<b>7. Name and Address of New Registered Agent</b> 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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable **DATE** \_\_\_\_\_

<b>9. Capital Contributions</b> as Shown on record. \$5,000.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
---	---	--

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> M01000002802	<b>NAME</b> NEWKIRK ALWOOD GP LLC	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 100 JERICO QUADRANGLE, SUITE 214		<b>CITY - ST - ZIP</b>	
<b>CITY - ST - ZIP</b> JERICO NY 11753			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			

**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 and I will execute the form as required by Chapter 620, Florida Statutes.**

**SIGNATURE:** *By: MLP Manager Corp. Michael L. Ashner*  
**PRESIDENT**  
**DATE:** 4/14/04  
**Daytime Phone #:** 822-0022

STAPLE CHECK HERE