2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # B01000000434** 05 JUL 11 AM 11:33 NEWKIRK ALWOOD L.P. Principal Place of Business Mailing Address C/O THE NEWKIRK GROUP C/O THE NEWKIRK GROUP 100 JERICHO QUADRANGLE SUITE 214 JERICHO, NY 11753 100 JERICHO QUADRANGLE SUITE 214 JERICHO, NY 11753 2 Principal Place of Business 3. Mailing Address 06302005 c/o The Newkirk Group Chg-LP CR2E003 (10/03) c/o The Newkirk Group Two Jericho Plaza, Wing A, Suite 111 Two Jericho Plaza, Wing A, Suite 111 Applied For 4 FEI Number Jericho, NY 11753 11-3639428 Jericho, NY 11753 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 SIGNATURE Signature, typed or printed name of registered agent and title it applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 9. Capital Contributions 10. Amount of Capital Contributions \$5,000.00 in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13 M01000002802 DOCUMENT # STREET ADDRESS NAME NEWKIRK ALWOOD GP LLC c/o The Newkirk Group STREET ADDRESS 100 JERICHO QUADRANGLE, SUITE 214 CITY-ST-ZIP Two Jericho Plaza, Wing A, Suite 111 CITY-ST-ZIP JERICHO, NY 11753 Jericho, NY 11753 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 200057765862 07/21/05--01076--010 **54 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME " STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

Le 114 reportation de positioner 680. En le Siature (he