2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

DIVISION OF CORPORATIONS **DOCUMENT # B01000000435** 05 JUL | | AM | |: 35 NEWKIRK BRADALL L.P. Principal Place of Business Mailing Address 100 JERICHO QUADRANGLE, SUITE 214 100 JERICHO QUADRANGLE, SUITE 214 JERICHO, NY 11753 JERICHO, NY 11753 3. Mailing Address Clothe Newkirk Grown TWO Jevicho Plaza 2. Principal Place of Busines JUHE 11 07052005 Chg-LP CR2E003 (10/03) Applied For 4. FEI Number 11-3639356 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zíp 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 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions \$5,000,00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY M01000002801 DOCUMENT # SUIK STREET ADDRESS NAME NEWKIRK BRADALL GP LLC STREET ADDRESS 100 JERICHO QUADRANGLE, SUITE 214 CITY-ST-ZIP Toricha CITY-ST-ZIP JERICHO, NY 11753 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. DOCUMENT # 07/21/05--01076--012 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # CHECK STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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 eath; that I am a General Partner of the limited partnership o general partno manapl SIGNATURE: