UNIFORM BUSINESS REPORT	Γ (UB	R)	
DOCUMENT # B0100000436		<u> </u>	
			FILED
NEWKIRK DENPORT L.P.			2002 FEB 26 PH 4: 03
DO NOT WRITE IN THIS SI	PACE		DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA
2. Principal Place of Business 3. Mailing Address	<u>:</u>		DO NOT WRITE IN THIS SPACE
o The Newkirk Group O Jericho Quadrangle, Suite 214 richo, New York 11753 c/o The Newkirk Group 100 Jericho Quadrangle, Suite Jericho, New York 11753		uite 214	DUE BY MAY 1 4. FEI Number Applied For Not Applicable
			5. Certificate of Status Desired See Required Fee Required
	-	Name	7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE			Corporation-Service Company — — — — — — — — — — — — — — — — — — —
$\pmb{8}. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	registered o	office or registere	ed agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			DATE
9. Capital Contributions 45,000.00 10. Amount of Capital as Shown on record.		ions \$ 5,0	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on th	ITITY MUS he form; a	ST BE REGIST In amendmen	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION DOCUMENT #			
NAME STREET ADDRESS CITY-ST-ZIP NewKirk Denport GP LLC c/o The Newkirk Group 100 Jericho Quadrangle, Suite 214	STREET A		0000050419803 -03/04/0201119005
DOCUMENT# Jericho, New York 11753	STREET A	DDRESS	****526.25 *****526.25
STREET ADDRESS CITY-ST-ZIP	CITY-ST-	·ZIP	
DOCUMENT # NAME	STREET AS	DDRESS	
STREET ADDRESS CITY_ST_ZIP	CITY-ST-	ZiP	DO NOT WRITE
DOCUMENT #	STREET AE	DDRESS	IN THIS SPACE
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DOCUMENTS NAME	STREET AC	DDRESS .	
STREET ADDRESS CITY-ST-ZIP ^{L®}	CITY-ST-	ZIP .	
DOCUMENT #	STREET AD	DDRESS	
STREET ADDRESS CITY-ST-ZIP	City-st-2	ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for indicated on this report is true and accurate and that my signature shall have the receiver or trustee empowered to execute this report as required by Chapte BY: NEWKY & DENDOYT ST., GORDON BY: MUP Manager Corp., manager SIGNATURE:	the exemptine same leger 620, Florid	ion stated in Sec gal effect as if ma da Statutes	tion 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or 8220022