

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** B01000000437

**1. Entity Name**

NEWKIRK LANDO L.P.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**3. Mailing Address**

c/o The Newkirk Group  
100 Jericho Quadrangle, Suite 214  
Jericho, New York 11753

c/o The Newkirk Group  
100 Jericho Quadrangle, Suite 214  
Jericho, New York 11753

FILED

2002 FEB 26 PM 4:05

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

**4. FEI Number**

11-3639945

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

Street Address

City

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

DATE

**9. Capital Contributions**  
as Shown on record.

\$ - 5,000.00

**10. Amount of Capital Contributions**  
in FLORIDA to date.

\$ 5,000.00

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**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**

**DOCUMENT #**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

Newkirk Lando GP LLC  
c/o The Newkirk Group  
100 Jericho Quadrangle, Suite 214  
Jericho, New York 11753

**STREET ADDRESS**

**CITY-ST-ZIP**

800005041978-9  
-03/04/02--01119--004  
\*\*\*\*526.25 \*\*\*\*526.25

**DOCUMENT #**

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**STREET ADDRESS**

**CITY-ST-ZIP**

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**STREET ADDRESS**

**CITY-ST-ZIP**

**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:**

By: Newkirk Lando GP LLC, general partner  
By: MLP Manager Corp's manager  
By: Allison Emery, Asst Secy

2/22/02

822 0022

CR2E003B (12/01)