2005 LIMITED FARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SECRETARY OF STATE VISION OF CORPORATIONS **DOCUMENT # B01000000437** 05 JUL 11 AM 11: 32 NEWKIRK LANDO L.P. Principal Place of Business Mailing Address C/O THE NEWKIRK GROUP C/O THE NEWKIRK GROUP 100 JERICHO QUADRANGLE SUITE 214 100 JERICHO QUADRANGLE SUITE 214 JERICHO, NY 11753 JERICHO, NY 11753 2. Principal Place of Business 3. Mailing Address 06302005 CR2E003 (10/03) Chg-LP c/o The Newkirk Group c/o The Newkirk Group Two Jericho Plaza, Wing A, Suite 111 Two Jericho Plaza, Wing A, Suite 111 4. FEI Number Applied For 11-3639945 Not Applicable Jericho, NY 11753 Jericho, NY 11753 \$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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of 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 ADDRESS CHANGES ONLY 12. 13. M01000002799 DOCUMENT # STREET ADDRESS NEWKIRK LANDO 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-7IP 2000577657 07/21/05--01076--009 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 STREE! ADDRESS CHY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 By: NGMENE Manager (Orp., Manage) SIGNATURE: