

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

DOCUMENT # B01000000438

1. Entity Name

NEWKIRK LANMAR 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 4:06

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

11-3639944

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 Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

City

**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.**

\$15,000.00

**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 Newkirk Lanmar G-LLC
STREET ADDRESS c/o The Newkirk Group
CITY-ST-ZIP 100 Jericho Quadrangle, Suite 214
Jericho, New York 11753

STREET ADDRESS

CITY-ST-ZIP

7000005041977--2
-03/04/02--01119--003
*****526.25 *****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E003B (12/01)

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.

By: NEWKIRK LANMAR G-LLC, general partner
By: MLP Manager Corp., manager

SIGNATURE:

By: Allison Emery, Asst Secy

5/6
2/19/02 822 0022