

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

141.25

**FILED**

**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # B01000000438**

1. Entity Name

**NEWKIRK LANMAR L.P.**



Principal Place of Business

**C/O THE NEWKIRK GROUP  
100 JERICHO QUADRANGLE SUITE 214  
JERICHO NY 11753**

Mailing Address

**C/O THE NEWKIRK GROUP  
100 JERICHO QUADRANGLE SUITE 214  
JERICHO NY 11753**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**11-3639944**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

Street Address (P O Box Number is Not Acceptable)

City

**FL**

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 if applicable

DATE

9. Capital Contributions  
as Shown on record

**\$5,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M01000002798**  
NAME **NEWKIRK LANMAR GP LLC**  
STREET ADDRESS **100 JERICHO QUADRANGLE, SUITE 214**  
CITY - ST - ZIP **JERICHO NY 11753**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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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 authorized to execute on behalf of the partnership as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

**By: NEWKIRK LANMAR GP LLC, general partner  
By: MLP Manager Corp, manager  
Michael Ashner, President**

**4/14/04**

**516  
822-0022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE