2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

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SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # B01000000438** 05 JUL 11 AM 11: 30 NEWKIRK LANMAR 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 4. FEI Number Applied For Two Jericho Plaza, Wing A, Suite 111 Two Jericho Plaza, Wing A, Suite 111 11-3639944 Not Applicable Jericho, NY 11753 Jericho, NY 11753 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Hegistered 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 if 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY M01000002798 DOCUMENT # STREET ADDRESS NEWKIRK LANMAR GP LLC NAME 100 JERICHO QUADRANGLE, SUITE 214 STREET ADDRESS c/o The Newkirk Group CITY-ST-ZIP Two Jericho Plaza, Wing A, Suite 111 CITY-ST-ZIP JERICHO, NY 11753 OQCUMENT # Jericho, NY 11753 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 500057765 07/21/05--01076--008 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 NAME STREET ADDRESS CITY-SI-ZIP CITY-ST#1 DOCUM STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 the receiver or trustes empayated to execute this report as required by Chapter 620 Florida Statutes (C. F. L. L. A. Mar & P. L. L. F. C. F. C.

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