## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Feb 13, 2006 08:00 AM Secretary of State

| DOCU<br>1. Entity Nam<br>NEWKIR   | ne                           | #B0100000438<br>AR L.P.  |   |                        |                               | Secre  | tary o           | f State                                      |
|---|------------------------------|--|---|------------------------|-------------------------------|--|------------------|--|
| Principal Place of Busines<br>C/O THE NEWKIRK GROUTWO JERICHO PLAZA, W<br>JERICHO, NY 11753 |                              | P C/O THE<br>NG A. SUITE 111 TWO IEF                                       | ning Address<br>O THE NEWKIRK GROUP<br>IO IERICHO PLAZA, WING A, SUITE 131<br>RICHO, NY 11753 |                        |                               |  |                  |  |
|   |                              |  | ,   | 1                      | 13200330333                   | 11    13    14    15    16    16    16    16    16    16    16    16    16    16    16    16    16    16    16 |                  | 88 INB) (BN9)) BI (88)                       |
| _   |                              |  | <u> </u>  |                        | 01042006 No                   | Chg-LP   | CR2E003 (        | 11705)                                       |
|   | OO N                         | OT WRITE IN T  | HIS SPA   | CE                     | 4. FEI Number<br>11-36399     | 44   |                  | Applied For<br>Not Applicable                |
|   |                              |  |   | :                      | 5. Certificate of             | Status Desired   | □ \$8.<br>Fee    | 75 Additional<br>Required                    |
|   | 6. Name                      | and Address of Current Registered A  | Agent   |                        |                               |  |                  | <u>'                                    </u> |
| CORPORATION SE<br>1201 HAYS STREE<br>TALLAHASSEE, FL  |                              | į́T  |   |                        | DO NOT WRITE<br>IN THIS SPACE |  |                  |  |
|   | ·                            |  |   |                        | 110 11                        | 110 OF   | ACE              |  |
| 5. The above the obliga   | named enti<br>tions of regis | ly submits this statement for the purpose<br>lered agent.                  | of changing its regist  | ered office or registe | red agent, or both,           | in the State of Flo  | rida. I am famil | iar with, and accept                         |
| SIGNATURE   | Signature, type              | or printed name of registered agent and title if applicat                  | bie.  | . '                    |                               |  | DATE             |  |
|   |                              | FILE NOWIII FEE II<br>After May 1, 2006, Fee                               | \$ \$500.00<br>will be \$900.00   |                        |                               |  | *                |  |
|   | A (                          | GENERAL PARTNER THAT IS A E<br>General Partners MAY NOT be                 | BUSINESS ENTITY   | MUST BE REGIS          | TERED AND AC                  | TIVE WITH THE  | S OFFICE.        | r.   |
| 12.   |                              | GENERAL PARTNER INFORMAT   |   |                        |                               |  | <u> </u>         | ······································       |
| DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP  | TWO JE                       | (02798<br>K LANMAR GP LLC<br>RICHP PLAZA, WING A, SUITE 111<br>D, NY 11763 | \\  |                        |                               | 1900000  | 133277           |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  |                              |  |   |                        | ĵ.                            | 10000004<br>8- <b>24/06</b> -3   | 90011-012        | 2 500.00                                     |
| DOCUMENT #  |                              |  |   |                        |                               |  |                  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                              |  |   | DO NOT WRITE           |                               |  |                  |  |
| DOCUMENT #  |                              |  |   |                        | IN TH                         | IIS SPA  | ACE              |  |
| STREET ADDRESS  |                              |  |   |                        |                               |  |                  |  |

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under eath, that I am a General Partner of the limited partnership or the receiver or the type profits for the description of the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type profits for the limited partnership or the receiver or the type partnership or the receiver or the type profits for the type partnership or the receiver or the

SIGNATURE:

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