

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

**DOCUMENT #** B01000000440

1. Entity Name

NEWKIRK LARLOOSA L.P.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

FILED

2002 FEB 26 PM 4:08

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

FEI Number

11-3639549

Applied For

Not Applicable

Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**Name and Address of Current Registered Agent**

Name

Street Address

Corporation Service Company

1201 Hays Street

City

Tallahassee, Florida 32301

**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.

\$5,000.00

**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	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	NEWKIRK LARLOOSA GP LLC	c/o The Newkirk Group	100 Jericho Quadrangle, Suite 214		
		Jericho, New York 11753			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

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.

**SIGNATURE:**

BY: NEWKIRK LARLOOSA GP LLC, general partner  
BY: MUP Manager Corp. manager  
BY: Allison Enns

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2/22/02 822 0022