## LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

	HILOKM BOZINE	:99 KEPUK	i (U	RK)		
DOCUMENT # B0100000440  1. Entity Name					FILED	
NEWKIRK LARLOOSA L.P.					2002 FEB 26 PH 4: 08	
DO NOT WRITE IN THIS SPACE					DIVIJION OF CORPORATIONS FALLAHASSEE, FLORIDA	
Principal Place of Business     3. Mailing Address				<u> </u>		
2. Fillicipal Flace of Busiless 3.		3. Mailing Address		DO NOT WRITE IN THIS SPACE		
/ <del>-</del>					DUE BY MAY	
c/o The Newkirk Group c/o The N 100 Jericho Quadrangle, Suite 214, 100 Jeric			lewkirk Group		FEI Number 11-3639549	Applied For Not Applicable
ericho, Ne	ew York 11753	Jericho, New York 11753			Certificate of Status Desired	\$8.75 Additional
					Name and Address of Current Registered Agent	
				Name		5
alangung di panggang dan di Anggang di Anggang di panggang di Pang	DO NOT W	RITE	<del></del>	Street Address	Corporation Service Compar	ny
IN THIS SPACE					1201 Hays Street	· —
;			i i	City	Tallahassee, Florida 32301	e
8 The above	named entity submits this statement for	the purpose of changing i	ito rapiotor	ad office or register	ed agent, or both, in the State of Florida.	
	named states and states for for	the purpose of changing i	ita regiatei	ed office of registers	ed agent, or both, in the State of Florida.	}
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable.			DATE	
9. Capital Cor		10: Amount of Cap	oital Contri	butions	11. MAKE CHECK PAYABL	
as Shown o	W 7,	in FLORIDA to			SEE REVERSE SIDE F ERED AND ACTIVE WITH THIS OFFICE	OR FEE INFORMATION
12.	NOTE: General Partners MA  GENERAL PARTNER	Y NOT be changed on	the form	; an amendment	t must be filed to change a general pa	rtner.
DOCUMENT #	Pr.					
NAME STREET ADDRESS	Newkirk Layloose GP LLC c/o The Newkirk Group		21K	EET ADDRESS		
CITY-ST-ZIP	100 Jericho Quadrangle, Suite 214		CITY	-ST-ZIP	50000504	1975
DOCUMENT /	Jericho, New York 117	53	STR	ET ADDRESS	83/84/82 ************************************	
NAME STREET ADDRESS			0177	GT 7/0	****526 <b>,</b> 25	5 ****526.25   8
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS		_	CITY	-ST-ZIP	DO NOT WRI	TF
DOCUMENT #			CTD7	CT ADOREGO		
NAME STREET ADDRESS			SIRE	ET ADDRESS	IN THIS SPA	UE
CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT /			STRE	ET ADDRESS		
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CITY-ST-ZIP			CIEY	-ST-ZIP		
DOCUMENT / NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
	ertify that the information supplied with t	his filing does not qualify for	or the exer	mption stated in Sec	ction 119.07(3)(i), Florida Statutes. I further ce	rtify that the information
indicated of the receive	on this report is true and accurate and the or trustee empowered to execute this	nat my signature shall have report as required by Chai	e the same pter 620, F	legal effect as if ma lorida Statutes	tion 119.07(3)(i), Florida Statutes. I further ce ade under oath; that I am a General Partner o	f the limited partnership or
	BUT WORK IN FOR	rivosa GP will,	nana	~~ ~~	0/22/20	6)) (42)
SIGNATURE:  The receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  By New KIY K Lay 100 x GP LUC, General Parties  By MUP Munager 6(p.) manager  \$130 02 822 0022						