


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

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

| | |
|--|---|
| DOCUMENT # B0100000440 |  |
| 1. Entity Name NEWKIRK LARLOOSA 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 |
|---|---|



MOORE CR2E003 (11/03)

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc | Suite, Apt # etc |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 11-3639549 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

| | |
|--|---|
| 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 | |
|---------------------------------|--|
| DOCUMENT # | M01000002797 |
| NAME | NEWKIRK LARLOOSA GP LLC |
| STREET ADDRESS | 100 JERICHO QUADRANGLE, SUITE 214 |
| CITY - ST - ZIP | JERICHO NY 11753 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|----------------------------------|
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | 000000139762 |
| CITY - ST - ZIP | 04/29/04-80134-023 141.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *BY MICHAEL L. ASHNER, Manager Corp, manager*
SIGNATURE: *By* **MICHAEL L. ASHNER** Date **4/14/04** Davline Phone # **516 822 0022**

STAPLE CHECK HERE