


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JUL 11 AM 11:29

**DOCUMENT # B0100000440**

1. Entity Name  
**NEWKIRK LARLOOSA L.P.**



Principal Place of Business  
**C/O THE NEWKIRK GROUP  
 100 JERICO QUADRANGLE SUITE 214  
 JERICO, NY 11753**

Mailing Address  
**C/O THE NEWKIRK GROUP  
 100 JERICO QUADRANGLE SUITE 214  
 JERICO, NY 11753**

*Handwritten initials*



2. Principal Place of Business | 3. Mailing Address

06302005 Chg-LP CR2E003 (10/03)

c/o The Newkirk Group  
 Two Jericho Plaza, Wing A, Suite 111  
 Jericho, NY 11753

c/o The Newkirk Group  
 Two Jericho Plaza, Wing A, Suite 111  
 Jericho, NY 11753

4. FEI Number  
**11-3639549**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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.

9. Capital Contributions as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>M01000002797</b>	STREET ADDRESS	<b>c/o The Newkirk Group Two Jericho Plaza, Wing A, Suite 111 Jericho, NY 11753</b>
NAME	<b>NEWKIRK LARLOOSA GP LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>100 JERICO QUADRANGLE, SUITE 214</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JERICO, NY 11753</b>	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**000057766040**  
**07/21/05--01076--014 \*\*541.25**

STAPLE CHECK HERE

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: MLP Manager Corp., manager*

**SIGNATURE:** \_\_\_\_\_ **Date:** *7/15/05* **Daytime Phone #:** *516 822 0022*

**ALLISON FORRESTER**  
**SECRETARY**