

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 11 AM 11:29

DOCUMENT # B01000000440

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

2. Principal Place of Business

3. Mailing Address

06302005 Chg-LP CR2E003 (10/03)

4. FEI Number  
11-3639549

Applied For  
Not Applicable

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

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

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.

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

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
c/o The Newkirk Group  
Two Jericho Plaza, Wing A, Suite 111  
Jericho, NY 11753

STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

ALLISON FORRESTER  
SECRETARY

STAPLE CHECK HERE