


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

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

DOCUMENT # B01000000441	
1. Entity Name NEWKIRK PINMAR 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 11-3639581	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

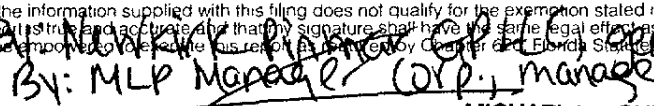
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	M01000002795	STREET ADDRESS	
NAME	NEWKIRK PINMAR GP LLC	CITY - ST - ZIP	
STREET ADDRESS	100 JERICHO QUADRANGLE, SUITE 214		
CITY - ST - ZIP	JERICHO NY 11753		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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(2)(c), 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. I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report. Attest: Secretary of State, Florida

SIGNATURE:  By: MLP Manager, (Corp.) manager	MICHAEL L. ASHNER Date: 4/14/04	516 822-0022
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