

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # B01000000441

1. Entity Name
NEWKIRK PINMAR L.P.



Principal Place of Business
**C/O THE NEWKIRK GROUP
TWO JERICO PLAZA, WING A, SUITE 111
JERICO, NY 11753**

Mailing Address
**C/O THE NEWKIRK GROUP
TWO JERICO PLAZA, WING A, SUITE 111
JERICO, NY 11753**



01042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3639581	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 #	M01000002785
NAME	NEWKIRK PINMAR GP LLC
STREET ADDRESS	TWO JERICO PLAZA, WING A, SUITE 111
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	

**U00000433280
02/24/06-60011-014 500.00**

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this form is true and correct, and the information 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 assignee of the limited partnership as required by Chapter 620, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____

Daytime Phone # _____

STAPLE CHECK HERE