


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

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

<b>DOCUMENT #</b> B97000000082	
<b>1. Entity Name</b> NOZAR I LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> % THE NEWKIRK GROUP 100 JERICO QUADRANGLE, #214 JERICO NY 11753	<b>Mailing Address</b> % THE NEWKIRK GROUP 100 JERICO QUADRANGLE, #214 JERICO NY 11753
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 63-3606398		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  UNITED STATES CORPORATION COMPANY 1201 HAYES ST., SUITE 105 TALLAHASSEE FL 32301	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b>
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<b>9. Capital Contributions</b> as Shown on record. \$0.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	F97000000699 NOZAR CORP. 100 JERICO QUADRANGLE JERICO NY 11753	<b>STREET ADDRESS</b>	
		<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>	
		<b>CITY - ST - ZIP</b>	
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		<b>CITY - ST - ZIP</b>	

UD0000136365  
04/29/04-80078-007 141.25

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 690, Florida Statutes.**

**SIGNATURE:** BY Michael Ashner, President 4/14/04 516 822 0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE