2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Entity Name	MENT # B970000008 ELIMITED PARTNERSHIP	2							RFORATION HII: 42	S	
Principal Place of Business Mailing Address THE NEWKIRK GROUP 100 JERICHO QUADRANGLE, #214 JERICHO, NY 11753 Principal Place of Business Mailing Address THE NEWKIRK GROUP 100 JERICHO QUADRANGLE JERICHO, NY 11753				E, #214 O NOWKYŁ GOOG PIG7G						ŧ	
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117	22 021	11753		<u> </u>	1	5. Certificate of S		L F∈	e Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
UNITED STATES CORPORATION COMPANY 1201 HAYES ST., SUITE 105					Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32301											
				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 little if applicable.											
9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital Contrib in FLORIDA to date.					lions In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					S., ne	
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					3. ADDRESS CHANGES ONLY						
NAME	NOZAR CORP.	STRE	TREET ADDRESS [WO]QYI(NO Y)QQG WING TT JUI YII								
STREET ADDRESS CITY-ST-ZIP	100 JERICHO QUADRANGLE JERICHO, NY 11753			-ST-ZIP	Je	ncho 1	1 <u>YV</u>	1753	<i>.</i>		
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14. I hereby	certify that the information supplied with this	iling does not qualify for t	the exe	mption st	ated in Se	ection 119.07(3)(i),	Florida Statutes.	I further certif	y that the informat	ion	
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. Turner 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! ALLON THOUSE THE SIGNATURE AND THAT SIGNATURE SIGNATURE AND THAT SIGNATURE SIGNATURE SIGNATUR											