


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

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

<b>DOCUMENT # B97000000083</b>	
<b>1. Entity Name</b> <b>NOZAR II LIMITED PARTNERSHIP</b>	

<b>Principal Place of Business</b> % THE NEWKIRK GROUP 100 JERICHO QUADRANGLE, #214 JERICHO NY 11753	<b>Mailing Address</b> % THE NEWKIRK GROUP 100 JERICHO QUADRANGLE, #214 JERICHO NY 11753
---	---

<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> 06-1319415	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

**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 true if applicable	<b>DATE</b>
---	-------------

<b>9. Capital Contributions as Shown on record</b> \$0.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	--	--

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
<b>DOCUMENT #</b>	F97000000699
<b>NAME</b>	NOZAR CORP.
<b>STREET ADDRESS</b>	100 JERICHO QUADRANGLE, #214
<b>CITY - ST - ZIP</b>	JERICHO NY 11753
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>13. ADDRESS CHANGES ONLY</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	000000139759 04/23/04-80134-022 141.25
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**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.**

<b>SIGNATURE:</b> BY: NOZAR CORP., General Partner Michael Ashner President	<b>DATE</b> 4/14/04	<b>Daytime Phone #</b> 516 822 0022
--	------------------------	--

STAPLE CHECK HERE