2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SECRE TARY OF STATE
DIVISION OF CORPORATIONS **DOCUMENT # B97000000083** 05 JUL 11 AM 11: 20 NOZÁR II LIMITED PARTNERSHIP Principal Place of Business Mailing Address % THE NEWKIRK GROUP % THE NEWKIRK GROUP 100 JERICHO QUADRANGLE, #214 100 JERICHO QUADRANGLE, #214 JERICHO, NY 11753 JERICHO, NY 11753 2. Principal Place of Business 3 Mailing Address 06302005 Chg-LP CR2E003 (10/03) c/o The Newkirk Group c/o The Newkirk Group Two Jericho Plaza, Wing A, Suite 111 Two Jericho Plaza, Wing A, Suite 111 4. FEI Number Applied For Jericho, NY 11753 06-1319415 Not Applicable Jericho, NY 11753 \$8.75 Additional 5. Certificate of Status Desired ___ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST., SUITE 105 TALLAHASSEE, FL 32301 City 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 title if applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 in FLORIDA to date. as Shown on record. prior notice 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 ADDRESS CHANGES ONLY DOCUMENT # F97000000699 STREET ADDRESS NOZAR CORP NAME c/o The Newkirk Group 100 JERICHO QUADRANGLE, #214 STREET ADDRESS CITY - ST - ZIP Two Jericho Plaza, Wing A, Suite 111 CITY-ST-7IP JERICHO, NY 11753 Jericho, NY 11753 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 600<u>05776566</u>6 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+SI-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 14. I hereby certify that the information supplied with this filling 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 the receiver or trustee empowered to execute this report as required to space 600. Florida Statutes.

ALLISON FORRESTER

STAPL

SIGNATURE: