

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

**DOCUMENT # B97000000083**

1. Entity Name  
**NOZAR II LIMITED PARTNERSHIP**



Principal Place of Business  
**% THE NEWKIRK GROUP  
TWO JERICHO PLAZA, WING A, SUITE 111  
JERICHO, NY 11753**

Mailing Address  
**% THE NEWKIRK GROUP  
TWO JERICHO PLAZA, WING A, SUITE 111  
JERICHO, NY 11753**



01042006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. F/LI Number  
**06-1319415**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**UNITED STATES CORPORATION COMPANY  
1201 HAYES ST., SUITE 105  
TALLAHASSEE, FL 32301**

**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 # **F97000000699**  
NAME **NOZAR CORP.**  
STREET ADDRESS **TWO JERICHO PLAZA, WING A, SUITE 111**  
CITY-ST-ZIP **JERICHO, NY 11753**

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**1000000433256  
02/24/06-80011-003 500.00**

**DO NOT WRITE  
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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 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: Nozar Corp, General Partner  
ALLISON FORRESTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/23/06**

Date

Daytime Phone #

**516  
822-0022**

STAPLE CHECK HERE