FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE .



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT # B9700000570

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 29 PM 3: 29

SANZAR II LIMITED PARTNERSHIP				
Malling Address	Principal Office Address G/O NEWKIRK LIMITED PARTNERSHIP 500 WEST PUTNAM AVE. GREENWICH CT 06830		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
G /O Newkirk-Limited Partnershi p 500 west-Putnam a ve.			10/23/1997 3a. Date of Last Report	
GREENWICH OT 96830			11/19/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address	2a. Principal Office Address		• State of Country of Formation	0 0010.
c/o The Newkirk Group	c/o The Newkirk Group		DE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	50
100 Jericho Quadrangle, #214 City & State	100 Jericho Quadrangle, #214 City & State		22-3096520	Applied For Not Applicable
Jericho, NY	Jericho, NY		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country 11753	Zip Country 11753 8. Make check payable to: Dept. of State (See reve			
9. Name and Address of Current Registered Agent		10, If changed, new Registered Agent/Office		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name		
		Street Address (P.O. Box Number 120 74 75 75 75 75 75 75 75		
		Sulle, Apt. #, etc. #***472.01 ****472.01		
		City FL 26006		
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	gistered agent, or both, in the State of Florida. Suc			
	IO A GODDODATION LIMI	TED DAD		D DUGINESS ENTITY
A GENERAL PARTNER THAT MUST	BE REGISTERED AND A	CTIVE WI	THERSHIP OR OTHE THE THIS OFFICE.	
11. Name(s) of General Partner(s)	11a. Address of Each General Partne (Do NOT Use Post Office Box Num	er bers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
SANZAR MANAGER LLC	500 WEST PUTNAM AVE. 100 Jericho Quadrangle, #214		EENWICH CT 06830 icho, NY 11753	M97000000703 (9/88)
•		[
Note: General partners MAY NOT	be changed on this form; ar	amendme	ent must be filed to cha	ange a general partner.

12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

see attached

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Pariner of the limited partnership, receiver or trustee

Sanzar II Limited Partnership By: General Partner

> Sanzar Manager LLC By:

General Partner

By: Sue LLC

Member

Newkirk Manager Corp. By:

Manager

Allison Forrester
Assistant Secretary
516 681 3636