13 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # B97000000624 FILED SECRETARY OF STATE 1. Entity Name DIVISION OF CORPORATIONS BATTIN II LIMITED PARTNERSHIP OD FEB - 7 AM 9: 48 Principal Place of Business Mailing Address % THE NEWKIRK GROUP % THE NEWKIRK GROUP 100 JERICHO QUADRANGLE. STE. 214 100 JERICHO QUADRANGLE, STE. 214 JERICHO NY 11753 JERICHO NY 11753-2702 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 22-3096486 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$17,750.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT# F97000006107 STREET ADDRESS NAME BATTIN CORP. STREET ADDRESS % THE NEWKIRK GROUP, 100 JERICHO QUAD.#214 CITY-ST-ZIP CITY-ST-ZIP JERICHO NY 11753 900003137969 DOCUMENT# STREET ADDRESS <u>-02/17/00--01005--002</u> NAME ****213.00 ****213.00 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY - ST - ZIP DOCUMENT# STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP 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

SIGNATURE: