## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 05, 2002 8:00 am **Secretary of State**

03-05-2002 90054 043 \*\*\*\*50.00

930158

Applied For

DOCUMENT # M01000002788

1. Entity Name NEWKIRK FLAMONT GP LLC

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP

3. Mailing Address

o The Newkirk Group

c/o The Newkirk Group skicho Quadrangle, Suite 214 100 Jericho Quadrangle, Suite 214 4. FEI Number DO NOT WRITE IN THIS SPACE

icho, New York 11753	Jericho, New York 11753		11-3639318	Not Applicable	
icho, New York 11705			5. Certificate of Status Desired  Fee Requirements	Additional uired	
			7. Name and Address of Current Registered Agent		
		Name			
DO NOT WRITE		Street Address	Street Address (I Corporation Service Company		
IN THIS SPACE			1201 Hays Street		
IN THIS SPACE		Tallahassee, Florida 32301			
		City	_		
				=	
8. The above named entity submits this sta	tement for the purpose of changing	its registered office or regist	ered agent, or both, in the State of Florida.		
				]	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			DATE		
	Make Check F	FEE IS \$50.00 Payable to Department DUE BY MAY 1	of State		
	G MEMBERS/MANAGERS				
street Address city-st-zip c/o The Newkirk 100 Jericho Quac	c/o The Newkirk Group 100 Jericho Quadrangle, Suite 214 Jericho, New York 11753			PUICES COOK	
TITLE Jericho, New York NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS			

11. 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 managing member or manager of the red to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

DO NOT WRITE

IN THIS SPACE