2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100002788 1. Entity Name

NEWKIRK FLAMONT GP LLC



FILED Mar 11, 2003 8:00 am Secretary of State

03-11-2003 90029 039 ****50.00

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Name and Address of Current Registered Agent	City & State	e .	City & State	City & State			4. FEI Number 11-3639318			pplied For lot Applicabl	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 8. The above named entry 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 accine collegations of registered agent. SIGNATURE The above named entry 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 accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered agent, or both, in the State of Florida. I am familiar with, and accine to registered	Zip	Country	Zip	Zip Coun		5. Certific	ate of Status Desired				
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1201 HAY'S STREET 12301-2255	005	PARITION AFRICE COMPAN	•	Name						•	
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent or provide agent. SIGNATURE City Flee City To registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent.	1201	1 HAYS STREET	Y			ss (P.O. Box Nur	nber is Not Acceptable	:)			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119-97 (37)). Provide Statutes. I further certify that the information											
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