

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90110 023 ****50.00

DOCUMENT # M01000002789	
1. Entity Name NEWKIRK 21AT GP LLC	



Principal Place of Business C/O THE NEWKIRK GROUP 100 JERICO QUADRANGLE, STE. 214 JERICO, NY 11753	Mailing Address C/O THE NEWKIRK GROUP 100 JERICO QUADRANGLE, STE. 214 JERICO, NY 11753
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20063026



c/o The Newkirk Group
Two Jericho Plaza, Wing A, Suite 111
Jericho, NY 11753

06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3639460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MLP MANAGER CORP. 100 JERICO QUADRANGLE, STE. 214 JERICO, NY 11753 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o The Newkirk Group Two Jericho Plaza, Wing A, Suite 111 Jericho, NY 11753 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *By: MLP Manager Corp. manager*
By: Allison Forrester *06/30/05* *822 0022*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**ALLISON FORRESTER
ASSISTANT SECRETARY**

ASSISTANT SECRETARY