

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

DOCUMENT # M01000002790

1. Entity Name
NEWKIRK WASHTEX 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

2. Principal Place of Business

3. Mailing Address

07-14-2005 90019 001 ****50.00
07-14-2005 90019 002 ****50.00

36002097



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

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

06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
11-3639434

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MLP MANAGER CORP.
100 JERICO QUADRANGLE, STE. 214
JERICO, NY 11753 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
c/o The Newkirk Group
Two Jericho Plaza, Wing A, Suite 111
Jericho, NY 11753 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Finckle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date


Daytime Phone #

6/30/05 822 0022

Ass't Secretary

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # M01000002790		
1. Entity Name NEWKIRK WASHTEX 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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2. Principal Place of Business c/o The Newkirk Group Two Jericho Plaza, Wing A, Suite 111 Jericho, NY 11753	3. Mailing Address c/o The Newkirk Group Two Jericho Plaza, Wing A, Suite 111 Jericho, NY 11753
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06302005 Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3639434	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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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"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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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SIGNATURE: <u>By: MLP Manager Corp, manager</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <u>7/5/05</u> Daytime Phone # <u>516 822 0022</u>

ALLISON FORRESTER
SECRETARY