LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100002792

1. Entity Name

NEWKIRK SKOOB GP LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

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

03-05-2002 90054 037 ****50.00

% The Newkirk Group
100 Jericho Quadrangle, Suite 214

ericho, New York 11753

c/o The Newkirk Group 100 Jericho Quadrangle, Suite 214 Jericho, New York 11753 DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3639463

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

| | 5. Certificate of Status Desired Fee Required |
|---|---|
| | 7. Name and Address of Current Registered Agent |
| DO NOT WRITE | Name Street Address (P.C. Corporation Service Company |
| B. The above named entity submits this statement for the purpose of changing its registered of Signature, typed or printed name of registered agent and title it applicable. Signature | —————————————————————————————————————— |
| IN THIS OF AGE | Tallahassee, Florida 32301 |
| , | se of changing its registered office or registered agent, or both, in the State of Florida. |
| Signature, typed or printed name of registered agent and title if applie | pable. DATE |
| • | FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 |
| | GERS |
| TITLE NAME STREET ADDRESS 100 Jericho Quadrangle, Suite 1 Jericho, New York 11753 | NAME STREET ADDRESS CITY-ST-ZIP TITLE |
| NAME STREET ADDRESS | |
| NAME STREET ADDRESS | |
| NAME STREET ADDRESS | |
| TITLE | TITLE |

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

A COURS ON FORM MANAGEMENT

HSSt. Secr

1 2/02/02 516822-08
Date Daytime Phone #