

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

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

03-05-2002 90054 038 ****50.00

DOCUMENT # M01000002793

1. Entity Name

NEWKIRK SANTEX GP LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o The Newkirk Group
100 Jericho Quadrangle, Suite 214
Jericho, New York 11753

c/o The Newkirk Group
100 Jericho Quadrangle, Suite 214
Jericho, New York 11753

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4. FEI Number

11-3639405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

City

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **NLP Manager Corp.**
STREET ADDRESS **c/o The Newkirk Group**
CITY-ST-ZIP **100 Jericho Quadrangle, Suite 214**
Jericho, New York 11753

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CR2E083B (12/01)

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: NLP Manager Corp.*

Asst. Secretary

2/22/02 516822-0022

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

Date

Daytime Phone #