

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

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

03-05-2002 90054 040 ****50.00

DOCUMENT # M01000002797

1. Entity Name

NEWKIRK LARLOOSA 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

11-3639395

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

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

By: MLP Manager Corp,
SIGNATURE: ADDISON FINEST ASST. Secretary 2/22/02 516822-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E089B (12/01)