

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

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

03-05-2002 90054 046 \*\*\*\*\*50.00

**DOCUMENT #** M01000002802

**1. Entity Name**

NEWKIRK ALWOOD GP LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**3. Mailing Address**

930155

DO NOT WRITE IN THIS SPACE

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

**4. FEI Number**

11-3639759

**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 (f**

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**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

MLP Manager Corp.  
c/o The Newkirk Group  
100 Jericho Quadrangle, Suite 214  
Jericho, New York 11753

**TITLE**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

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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:**

Allyson Truax

Asst. Secretary 2/22/02 516822-0022

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

Date

Daytime Phone #

CR2E083B (12/01)