2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000003151

HK NEW PLAN ERP PROPERTY HOLDINGS, LLC



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAY -1 AM 9: 14

Principal Place of Business

420 LEXINGTON AVE. 7TH FLOOR NEW YORK, NY 10170

Mailing Address

420 LEXINGTON AVE. 7TH FLOOR NEW YORK, NY 10170



04182006 No Chq-LLC

CR2E083 (11/05)

4. FEI Number 37-1450247

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

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	8. The above named entity submits this statement for the purpose of changing its registered office or require obligations of registered agent.	gistered agent, or both, in the State of Florida.	I am familiar with, and accept
SI	SIGNATURE		

(NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is \$50.00 Due by May 1, 2006

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TITLE	MGR
NAME	SIEGEL, STEVEN F
STREET ADDRESS	420 LEXINGTON AVENUE, 7TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10170
TITLE	MGR
NAME	RUFRANO, GLENN J
STREET ADDRESS	420 LEXINGTON AVENUE, 7TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10170
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

MANAGING MEMBERS/MANAGERS

70007415C

05/08/06--01016--013 **550.00 05/08/06--01016--013 **550.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 received of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Steven F. Siegel

4/18/2006

212-869-3000

Daytime Phone #

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