


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90110 011 \*\*\*\*50.00

<b>DOCUMENT # M97000000629</b>		
1. Entity Name <b>ADGOLD ASSOCIATES LLC</b>		
Principal Place of Business <b>C/O THE NEWKIRK GROUP 100 JERICO QUADRANGLE, SUITE 214 JERICO, NY 11753</b>	Mailing Address <b>C/O THE NEWKIRK GROUP 100 JERICO QUADRANGLE, SUITE 214 JERICO, NY 11753</b>	
2. Principal Place of Business	3. Mailing Address	

**20063039**



c/o The Newkirk Group  
Two Jericho Plaza, Wing A, Suite 111  
Jericho, NY 11753

c/o The Newkirk Group  
Two Jericho Plaza, Wing A, Suite 111  
Jericho, NY 11753

06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>13-2977830</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADGOLD MANAGER LLC <input type="checkbox"/> Delete 100 JERICO QUADRANGLE, SUITE 214 JERICO, NY 11753	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o The Newkirk Group <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Two Jericho Plaza, Wing A, Suite 111 Jericho, NY 11753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Adgold Manager LLC, managing member*  
*By: MLP Manager Corp. manager* *6/13/05* *516*  
*822 0022*

**ALLISON FORRESTER  
ASSISTANT SECRETARY**