

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

2007 MAR 19 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01092007 No Chg-P CR2E034 (11/05)

**DOCUMENT # P95000036466**  
1. Entity Name  
G-P RB LAND, INC.



Principal Place of Business  
2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON, FL 33431

Mailing Address  
2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0579445**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE HERRICK COMPANY, INC.  
2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON, FL 33431

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS NORTON HERRICK 2295 CORPORATE BLVD, NW, SUITE 222 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD HOWARD HERRICK 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD MICHAEL HERRICK 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KERMALLI, NISAR 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRICK, EVAN 2 RIDGEDALE AVE, STE. 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**000094863820**  
03/27/07--01033--029 \*\*3492.50

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Herrick Controller 2/16/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/2000