

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # A03000001476</b>	
1. Entity Name GNH LINCOLN ROAD, LLLP	



Principal Place of Business 2601 S. BAYSHORE DR., STE. 1775 COCONUT GROVE, FL 33133	Mailing Address 2601 S. BAYSHORE DR., STE. 1775 COCONUT GROVE, FL 33133
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2. Principal Place of Business 400 Park Ave Suite, Apt. #, etc. 820 City & State New York, NY Zip 10022 Country	3. Mailing Address 400 Park Ave Suite, Apt. #, etc. 820 City & State New York, NY Zip 10022 Country
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04072005 Chg-LP CR2E003 (10/03)

4. FEI Number 32-0096111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STANLEY, SHERRY A 2601 S. BAYSHORE DR., STE. 1775 COCONUT GROVE, FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,095,600.00	10. Amount of Capital Contributions in FLORIDA to date. 1,095,600.00
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000039876	STREET ADDRESS	
NAME	GNH LINCOLN ROAD, LLC	CITY-ST-ZIP	
STREET ADDRESS	2601 S. BAYSHORE DR., STE. 1775		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		
DOCUMENT #		STREET ADDRESS	100054039681
NAME		CITY-ST-ZIP	05/09/05--01016--024 **526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/05  
Date Daytime Phone #

STAPLE CHECK HERE