

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:42

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DOCUMENT # A03000001476 1. Entity Name GNH LINCOLN ROAD, LLLP					
Principal Place of Business 400 PARK AVE, STE 820 NEW YORK, NY 10022			Mailing Address 400 PARK AVE, STE 820 NEW YORK, NY 10022		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 32-0096111	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 Victor Corral Street Address (P.O. Box Number is Not Acceptable) 2601 South Bayshore Dr. Suite 800 City Coconut grove FL Zip Code 33133		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/19/06	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE 4/19/06 (305) 358-4225		

STAPLE CHECK HERE