2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007054

Entity Name: GRIFFIN LAND & NURSERIES, INC.

FILED Jul 06, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
ONE ROCKEFELLER PLAZA, SUITE 2301 NEW YORK, NY 100202102						
Current Mailing Address:				New Mailing Address:		
90 SALMON BROOK STREET GRANBY, CT 06035			90 SALMON BROOK STREET ATTN: CARL MARINO GRANBY, CT 06035			
FEI Number: (FEI Number: 06-0868496 FEI Number Applied For () FEI Number		FEI Num	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
	Electronic	Signature of Registered Agent	İ		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DANZIGER, FRE	LER PLAZA, SUITE 2301		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V ()[GALICI, ANTHON 90 SALMON BRO GRANBY, CT 06	OOK STREET		Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	CHURCHILL, WII	IDGE DRIVE, SUITE 300		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ()[CULLMAN, EDGA 387 PARK AVEN NEW YORK, NY	ARD M UE SOUTH		Title: Name: Address: City-St-Zip:	D (X) Change () Addition CULLMAN, EDGARD M 880 THIRD AVENUE, 18TH FLOOR NEW YORK, NY 10022	
Title: Name: Address: City-St-Zip:	D ()ERNST, JOHN L 641 LEXINGTON NEW YORK, NY			Title: Name: Address: City-St-Zip:	D (X) Change () Addition DANZIGER, DAVID M 880 THIRD AVENUE, 18TH FLOOR NEW YORK, NY 10022	
Title: Name: Address: City-St-Zip:	D ()[STEIN, DAVID F 100 PARK AVEN NEW YORK, NY			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY GALICI V 07/06/2006