2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# F05000007054

Entity Name: GRIFFIN LAND & NURSERIES, INC.

Current Principal Place of Business:

ONE ROCKEFELLER PLAZA, SUITE 2301
NEW YORK, NY 100202102

New Principal Place of Business:

Current Mailing Address:

90 SALMON BROOK STREET
ATTN: CARL MARINO
GRANBY, CT 06035

New Mailing Address:

FEI Number: 06-0868496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DANZIGER, FREDERICK M	
Address:	ONE ROCKEFELLER PLAZA, SUITE 2301	
City-St-Zip:	NEW YORK, NY 100202102	
Title:	V	( ) Delete
Name:	GALICI, ANTHONY J	
Address:	90 SALMON BROOK STREET	
City-St-Zip:	GRANBY, CT 06035	
Title:	D	( ) Delete
Name:	CHURCHILL, WINSTON J JR.	
Address:	1200 LIBERTY RIDGE DRIVE, SUITE 300	
City-St-Zip:	WAYNE, PA 19087	
Title:	D	( ) Delete
Name:	CULLMAN, EDGARD M	
Address:	880 THIRD AVENUE, 18TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022	
Title:	D	( ) Delete
Name:	DANZIGER, DAVID M	
Address:	880 THIRD AVENUE, 18TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022	
Title:	D	( ) Delete
Name:	STEIN, DAVID F	
Address:	100 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10017	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 01/03/2007

Electronic Signature of Signing Officer or Director — Date