


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000042215</b> 1. Entity Name G-P NH6 LR II, INC.		
Principal Place of Business 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON, FL 33431	Mailing Address 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON, FL 33431	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HERRICK, NORTON C/O THE HERRICK COMPANY, INC. 2295 CORP. BLVD., N.W., SUITE 222 BOCA RATON, FL 33431		<b>DO NOT WRITE IN THIS SPACE</b>
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. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		UN00000476378 04/06/06-80008-001 2222.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HERRICK, NORTON 2295 CORP. BLVD., N.W., SUITE 222 BOCA RATON, FL 33431	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS HERRICK, HOWARD 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS HERRICK, MICHAEL 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 #370 CEDAR KNOLLS, NJ 07927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>N. Kermalli</i></u> <u>2/27/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		