FILED Mar 29, 2001 8:00 am DOCUMENT # P98000042272 **Secretary of State** 1. Entity Name G-P NH6 LR VII, INC. 03-29-2001 91023 001 11.745.50 Principal Place of Business Mailing Address 2295 CORPORATE BOULEVARD POST OFFICE BOX 5010 **SUITE 222** BOCA RATON FL 33431-0810 66543 **BOCA RATON FL 33431** 2. Principal Place of Business Mailing Address 1295 Corporate Blvd, NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3509421 Not Applicable Country A Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERRICK, NORTON Street Address (P.O. Box Number is Not Acceptable) C/O THE HERRICK COMPANY, INC. 2295 CORP. BLVD., N.W., SUITE 222 **BOCA RATON FL 33431** Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Delete TITLE Addition TITLE DPST NAME NAME HERRICK, NORTON STREET ADDRESS STREET ADDRESS 2295 CORP. BLVD., N.W., SUITE 222 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Change vpas TITLE **VPAS** ☐ Delete TITLE ☐ Addition NAME NAME terrick, Howard HERRICK, HOWARD Ridgedale Ave, Stc 370 STREET ADDRESS STREET ADDRESS 20 COMMUNITY PL CITY-ST-ZIP edar Knolls CITY-ST-ZIP repro DN MORRISTOWN NJ 07960 ☐ Addition ☐ Delete TITLE Change TITLE **VPAS** ernok, Michael NAME NAME HERRICK, MICHAEL STREET ADDRESS STREET ADDRESS Ridgedail Ave, Str 370 20 COMMUNITY PL CITY-ST-ZIP CITY-ST-ZIP edar Knows NJ 07927 MORRISTOWN NJ 07960 ☐ Change ☐ Delete TITI F Addition TITLE Kermalli, Nisar NAME NAME 2 Ridgedale Ave, Ste 370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cedar ☐ Delete TITLE CF0 Change **∠** Addition TITLE Klein. Kobeit NAME NAME 2 Rydgedale Ave, Ste 370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ar Knolls NJ 07927 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this fling 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 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address,

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR