2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000042272

1. Entity Name

G-P NH6 LR VII, INC.



FILED Mar 22, 2006 08:00 Al Secretary of State

Principal Place of Business

2295 CORPORATE BOULEVARD SUITE 222

BOCA RATON, FL 33431

Mailing Address

2295 CORPORATE BOULEVARD SUITE 222

BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE

01182006

No Chg-P

CR2E034 (11/05)

FEI Number
 59-3509421

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

				.:	tana nganggan garagan sa	
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.						45.4
				required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000476383 04706706-80008-00	12 2053 75
10.	OFFICERS AND DIREC	CTORS		. •		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HERRICK, NORTON 2295 CORP. BLVD., N.W., SUITE 222 BOCA RATON, FL 33431				Agram of the second of the sec	
TITLE NAME STREET ADDRESS GITY-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			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KERMALLI, NISAR 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927			IN ⁻	THIS SPACE	and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRICK, EVAN 2 RIDGEDALE AVE #370 CEDAR KNOLLS, NJ 07927				Land of the second of the seco	en sangua garagang kanguang k

12. I hereby certify that the information supplied with this filling 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 Black 10 or Block 11 it changed, or on an attackingent with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Dayome Phone #