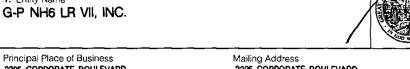
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000042272

1.	Entity Name	
\sim	DALLO LD VIII	INIO

G-P NH6 LR VII, INC.



BOCA RATON FL 33431	BOCA RATON FL 33431						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_					
City & State	City & State						
7in Country	7ia Country	_					

FILED May 06, 2003 8:00 am Secretary of State

05-06-2003 90170 001 13,493.75

2295 CORPORATE BOULEVARD SUITE 222 BOCA RATON FL 33431			2295 CORPORATE BOULEVARD SUITE 222 BOCA RATON FL 33431					55038243				
2. Principal Place of Business			3. Mailing	3. Mailing Address				l		98 888 99 881 9 88		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e		City & State					4. FEI N	5953509421			plied For t Applicable
Zip	Country Zip Co			Count	ry		5. Certificate of Status Desired \$8.75 Addition Fee Required					
	6. Name	and Address of Current I	Registered	Agent				7. Name	e and Address of New Rec	istered A	jent	
HERRICK, NORTON C/O THE HERRICK COMPANY, INC.				ļ	Name Street Address (P.O. Box Number is Not Acceptable)							
2295 CORP. BLVD., N.W., SUITE 222 BOCA RATON FL 33431					ļ	City				FL	Zip Cod	e
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Afte Make Check 10.	r May 1, 200 k Payable to	FEE IS \$150.00 Florida Department of			11.			ADDITIO	Election Campaign Finar Trust Fund Contribution. ONS/CHANGES TO OFFICE	ERS AND E	Added	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RAT	Norton P. Blvd., N.W., Suite On Fl 33431	222	Delete			NY.	SEC 	·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HOWARD ALE AVE STE 370 IOLLS NJ 07927		☐ Delete	4		D/8/	/AS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MICHAEL ALE AVE STE 370 OLLS NJ 07927		☐ Delete	•	_	DN	P/A	5		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NISAR NLE AVE STE 370 OLLS NJ 07927		☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP	DEVAR Reda	1 HE	RRICK (le Ave #37)		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY-	T ADDRESS ST~ZIP				(Change	Addition
12. I hereby of indicated	ertify that the on this report	intormation supplied with or supplemental report is	this tiling do true and acc	es not qualify for t	ne exen / signatu	nption stature shall h	ed in Secti ave the sa:	ion 119.0 me legal	07(3)(i), Florida Statutes. I fu effect as if made under oat	irther certif	y that the in	tormation or director

of the corporation of the receiver of 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #