

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P98000042297**

1. Entity Name  
G-P NH6 LR X, 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



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0833725

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**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000476386  
04/06/06-80008-002 2063.75

**10. OFFICERS AND DIRECTORS**

TITLE VPS  
NAME HERRICK, NORTON  
STREET ADDRESS 2295 CORP. BLVD., N.W., SUITE 222  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE DPAS  
NAME HERRICK, HOWARD  
STREET ADDRESS 2 RIDGEDALE AVE STE 370  
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE DVAS  
NAME HERRICK, MICHAEL  
STREET ADDRESS 2 RIDGEDALE AVE STE 370  
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE C  
NAME KERMAI, NISAR  
STREET ADDRESS 2 RIDGEDALE AVE STE 370  
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE D  
NAME HERRICK, EVAN  
STREET ADDRESS 2 RIDGEDALE AVE #370  
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #