2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007
Secretary of State

DOCUMENT# L05000081676

Entity Name: GRANT STREET PROFESSIONALS, LLC

Current Principal Place of Business:

4442 CURRY FORD ROAD, SUITE 4442
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

4442 CURRY FORD ROAD, SUITE 4442
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 84-1692126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAITANO, TONY
4442 CURRY FORD ROAD, SUITE 4442
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FRANK, CATHY	
Address:	4442 CURRY FORD ROAD, SUITE 4442	
City-St-Zip:	ORLANDO, FL 32812	
Title:	MGRM	( ) Delete
Name:	HUNT, MAX	
Address:	6650 HOFFNER AVE., SUITE D	
City-St-Zip:	ORLANDO, FL 32822	
Title:	MGRM	( ) Delete
Name:	PATEL, ANIL	
Address:	4442 CURRY FORD ROAD, SUITE 4442	
City-St-Zip:	ORLANDO, FL 32812	
Title:	MGRM	( ) Delete
Name:	STINE, SANDRA	
Address:	4442 CURRY FORD ROAD, SUITE 4442	
City-St-Zip:	ORLANDO, FL 32812	
Title:	MGRM	( ) Delete
Name:	ZIVALICH, JANE	
Address:	4442 CURRY FORD ROAD, SUITE 4442	
City-St-Zip:	ORLANDO, FL 32812	
Title:	MGRM	( ) Delete
Name:	MESTRE, ARSENIO A	
Address:	4442 CURRY FORD ROAD, SUITE 4442	
City-St-Zip:	ORLANDO, FL 32812	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARSENIO A MESTRE MGRM 07/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date