

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081676

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** GRANT STREET PROFESSIONALS, LLC

**Current Principal Place of Business:**

5540 EAST GRANT STREET  
A  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

5540 EAST GRANT STREET  
A  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 84-1692126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAITANO, TONY  
5540 EAST GRANT STREET  
A  
ORLANDO, FL 32822 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  
Name: FRANK, CATHY  
Address: 5550 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: HUNT, MAX  
Address: 5550 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: PATEL, ANIL  
Address: 5550 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: STINE, SANDRA  
Address: 5550 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: ZIVALICH, JANE  
Address: 5550 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: MESTRE, ARSENIO A  
Address: 5550 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

I hereby 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

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date