

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13197

FILED
Mar 08, 2007
Secretary of State

Entity Name: GRS SOUTH FLORIDA, INC.

Current Principal Place of Business:

3300 S PARKER ROAD
STE. 310
AURORA, CO 80014 US

New Principal Place of Business:

Current Mailing Address:

3300 S PARKER ROAD
SUITE 310
AURORA, CO 80014 US

New Mailing Address:

FEI Number: 65-0002953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DAS () Delete
Name: BARRICKMAN, DONALD F
Address: 3300 S PARKER ROAD, STE. 310
City-St-Zip: AURORA, CO 80014 US

Title: P () Delete
Name: POSSEHL, ROBERT S
Address: 3300 S PARKER RD., STE 310
City-St-Zip: AURORA, CO 80014 US

Title: DAT () Delete
Name: DIETRICH, W. RANDALL
Address: 3300 S PARKER ROAD, STE. 310
City-St-Zip: AURORA, CO 80014 US

Title: TAS () Delete
Name: HASTINGS, ANN D
Address: 3300 S PARKER ROAD, STE. 310
City-St-Zip: AURORA, CO 80014 US

Title: AT () Delete
Name: POSSEHL, ROBERT S
Address: 3300 S PARKER ROAD, STE 310
City-St-Zip: AURORA, CO 80014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN D. HASTINGS

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03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date