

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90197 037 \*\*\*\*50.00

DOCUMENT # L00000005050

1. Entity Name  
GRP, L.L.C.



Principal Place of Business  
~~3440 HOLLYWOOD BLVD~~  
~~SUITE 360~~  
~~HOLLYWOOD, FL 33021~~

Mailing Address  
~~3440 HOLLYWOOD BLVD~~  
~~SUITE 360~~  
~~HOLLYWOOD, FL 33021~~

24011703



2. Principal Place of Business  
18851 NE 29th AV  
Suite, Apt. #, etc.  
900

3. Mailing Address  
18851 NE 29th AV  
Suite, Apt. #, etc.  
900

City & State  
Aventura, Florida

City & State  
Aventura, Florida

Zip  
33180

Country  
USA

Zip  
33180

Country  
USA

01262004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-1006298

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ  
~~3440 HOLLYWOOD BLVD~~  
~~SUITE 360~~  
~~HOLLYWOOD, FL 33021~~

## 7. Name and Address of New Registered Agent

Name  
LEONARDO A. ROTH

Street Address (P.O. Box Number is Not Acceptable)

18851 NE 29th AV, SUITE 900

City  
Aventura

FL

Zip Code  
33180

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

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
ZAGO, VIVIANA ☐ Delete  
STREET ADDRESS  
TUCUMAN 540 PISO 9 OF J  
CITY-ST-ZIP  
BUENOS AIRES ARGENTINA,

TITLE  
NAME  
MGR  
GERPE, JOSE M ☐ Delete  
STREET ADDRESS  
TUCUMAN 540 PISO 95  
CITY-ST-ZIP  
BUENOS AIRES, ARGENTINA,

TITLE  
NAME  
MGR  
GERPE, TOMAS M ☐ Delete  
STREET ADDRESS  
TUCUMAN 540 PISO 95  
CITY-ST-ZIP  
BUENOS AIRES, ARGENTINA,

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JOSE M. GERPE, MGRM 2/11/04 786 270 8000