

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90191 002 ****55.00

DOCUMENT # L03000006874

1. Entity Name
GR PARTNERS, LLC



Principal Place of Business
4301 ANCHOR PLAZA PKWY., STE 400
TAMPA, FL 33634

Mailing Address
4301 ANCHOR PLAZA PKWY., STE 400
TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0020454

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~HUDOBA, STEPHEN M~~
~~101 EAST KENNEDY BOULEVARD, SUITE 3700~~
~~TAMPA, FL 33602~~

HARTER, CRAIG R.
4301 Anchor Plaza Pkwy, Ste 400
Tampa, FL 33634

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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

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VARSAMES, LOUIS
4301 ANCHOR PLAZA PKWY STE 400
TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHAFFEL, MARTIN C
5305 E LONGBOAT BLVD
TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HARTER, CRAIG R
4301 ANCHOR PLAZA PKWY STE 400
TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/07

(813) 287-2285