2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# L05000052238

Entity Name: G.R.P., LLC.

Current Principal Place of Business:

503 W. PLATT STREET
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

21305 AARON COURT
LAND O' LAKES, FL 33549

New Mailing Address:

503 W. PLATT STREET
TAMPA, FL 33606

FEI Number: 22-3914153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSENBLATT, FRANK L
503 W. PLATT STREET
TAMPA, FL 33606 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: PINSON, ROBERT H
Address: 21305 AARON COURT
City-St-Zip: LUTZ, FL 33549

Title: MGRM (X) Delete
Name: ROSENBLATT, FRANK L
Address: 503 W. PLATT ST.
City-St-Zip: TAMPA, FL 33606

Title: MGRM (X) Delete
Name: PINSON, ROBERT H
Address: 21305 AARON COURT
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROSENBLATT, FRANK L
Address: 503 W. PLATT STREET
City-St-Zip: TAMP, FL 33606

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: FRANK L. ROSENBLATT MGR 05/09/2008

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