

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081676

FILED
Mar 20, 2009
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 () Delete
Name: FRANK, CATHY
Address: 5550 EAST GRANT STREET, SUITE A
City-St-Zip: ORLANDO, FL 32822

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

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

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

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

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

ADDITIONS/CHANGES:

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
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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 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: JANE ZIVALICH

MGRM

03/20/2009

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