

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035350

FILED
Aug 13, 2007
Secretary of State

Entity Name: GRS CAPITAL, LLC

Current Principal Place of Business:

50 SIEBRECHT PLACE
NEW ROCHELLE, NY 10804

New Principal Place of Business:

Current Mailing Address:

50 SIEBRECHT PLACE
NEW ROCHELLE, NY 10804

New Mailing Address:

FEI Number: 72-1615115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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: MGR () Delete
Name: GLUSKER, DANIEL
Address: 50 SIEBRECHT PLACE
City-St-Zip: NEW ROCHELLE, NY 10804

Title: MGR () Delete
Name: RODGERS, STEVEN
Address: 8 SAMUEL DANN WAY
City-St-Zip: POUND RIDGE, NY 10576

Title: MGR () Delete
Name: SERVICE, JOHN
Address: 12 HARBOR HILL DRIVE
City-St-Zip: HUNTINGTON, NY 11743

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:

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: DANIEL GLUSKER

MGR

08/13/2007

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