

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY 27 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK



05142004 No Chg-LLC CR2E083 (10/03)

DOCUMENT # M02000000626

1. Entity Name
GRP LOAN, LLC



Principal Place of Business
360 HAMILTON AVE.
WHITE PLAINS, NY 10607

Mailing Address
360 HAMILTON AVE.
WHITE PLAINS, NY 10607

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4076356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

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9. 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: *Idalmis Borovoy* IDALMIS BOROVOT 5/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ASST. SECY DATE

Filing Fee is \$50.00 Due by September 8, 2004

AR-50
CG-30

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, MICHAEL 245 PARK AVE. NEW YORK, NY 10607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, LANCE 360 HAMILTON AVE., 5TH FL WHITE PLAINS, NY 10601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWDEN, NATALIE 360 HAMILTON AVE., 5TH FL WHITE PLAINS, NY 10601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kristin Tess* Kristin Tess 5/18/04 (912) 397-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #