


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
05 MAR -4 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FL

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
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BJC



03022005 No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/14/05--01062--005 **80.00

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Test* *Kristin Test* *3/2/05* *(914) 397-7500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #