

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

BYC

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



03022005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
13-4076356

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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
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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

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

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kristin Test 3/2/05 (914) 391-7500