2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED 2006 JAN -C

DOCUMENT # M0200000626 1. Entity Name GRP LOAN, LLC					SEC TALL)	JAN -6 AM RETARY OF S AHASSEE, FL	9: 35 TATE	
Principal Plac	ce of Business	Mailing Address				, <u>(</u>	AGINO	
360 HAMILTON AVE. WHITE PLAINS, NY 1060X WHITE PLAINS, NY 1060X			isnir i	_	,			
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		, ,	01042006	Chg-LLC	CR2E083 (11/0	5)
City & State		City & State		4. FEI Number 13-4076			Applied For Not Applicabl	
Zip 10 6	Country	Zip 1060 j	Country			f Status Desired	\$5.00 / Fee Requ	Additional
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New Re	gistered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable)				
			C	City			FL Zip C	ode
The above named entity submits this statement for the purpose of changing its require obligations of registered agent.				office or register	ed agent, or both	, in the State of Flor		th, and accept
SIGNATURE								
Squature, typed or printed neme of registered agent an Filling Fee is \$50.00 Due by May 1, 2006		d title if applicable. (NOTE: Registered Agent signature required		when reinstating)		DATE		
							check payable to Department of St	
9.	ue by May 1, 2006 MANAGING MEMBE		10.			Florida ADDITIONS/C	Department of SI CHANGES	ate
D	ue by May 1, 2006	RS/MANAGERS Delete	10. TITLE NAME	Mq Chou	Tegande	Florida ADDITIONS/C	Department of SI CHANGES	ate
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MANAGING MEMBE MGRM GORDON, MICHAEL 245 PARK AVE.		TITLE NAME STREET AD	C hair	Les and	ADDITIONS/O	Department of SI CHANGES	ate
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Kintin Less

SIGNATURE: