

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000000626	
1. Entity Name GRP LOAN, LLC	



Principal Place of Business 360 HAMILTON AVE. WHITE PLAINS, NY 10601	Mailing Address 360 HAMILTON AVE. WHITE PLAINS, NY 10601
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**FILED**  
07 JAN -9 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DO NOT WRITE IN THIS SPACE**

01042007 No Chg-LLC

CR2E083 (11/05)

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.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301

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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDREW, CHARLES 12061 BLUEMONT WAY RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHORLEY, JOHN 12061 BLUEMONT WAY RESTON, VA 20190
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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01/12/07--01015--015 \*\*50.00

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.

SIGNATURE: *Kristen [Signature]* 1/5/07 (94) 397-7500