

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 MAR 18 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M0200000626</b> 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			
2. Principal Place of Business - No P.O. Box # 445 Hamilton Avenue Suite, Apt. #, etc. 8th Floor City & State White Plains, NY Zip 10601		3. Mailing Address 445 Hamilton Avenue Suite, Apt. #, etc. 8th Floor City & State White Plains, NY Zip 10601			
4. FEI Number 13-4076356		Applied For <input type="checkbox"/> 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				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDREW, CHARLES 12061 BLUEMONT WAY RESTON, VA 20190	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHORLEY, JOHN 12061 BLUEMONT WAY RESTON, VA 20190	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jack Lavan 12061 Bluemont Way Reston, VA 20190 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWDEN, NATALIE 360 HAMILTON AVE., 5TH FL WHITE PLAINS, NY 10601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Natalie Bowden 445 Hamilton Ave, 8th Fl. White Plains, NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kristin Tess</u>		Kristin Tess		3/13/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		914-397-7500 <small>Daytime Phone #</small>	