

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000626

FILED
Mar 05, 2009
Secretary of State

Entity Name: GRP LOAN, LLC

Current Principal Place of Business:

445 HAMILTON AVE., 8TH FLOOR
WHITE PLAINS, NY 10601

New Principal Place of Business:

Current Mailing Address:

445 HAMILTON AVE., 8TH FLOOR
WHITE PLAINS, NY 10601

New Mailing Address:

FEI Number: 13-4076356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: ANDREW, CHARLES
Address: 12061 BLUEMONT WAY
City-St-Zip: RESTON, VA 20190

Title: MGRM () Delete
Name: LAVAN, JACK
Address: 12061 BLUEMONT WAY
City-St-Zip: RESTON, VA 20190

Title: MGRM (X) Delete
Name: BOWDEN, NATALIE
Address: 445 HAMILTON AVE., 8TH FLOOR
City-St-Zip: WHITE PLAINS, NY 10601

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: TESS, KRISTIN L MGR
Address: 445 HAMILTON AVENUE, 8TH FLOOR
City-St-Zip: WHITE PLAINS, NY 10601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 L. TESS

MGR

03/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date