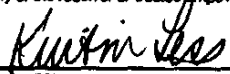
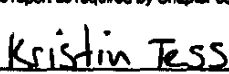


FILED

04 JUN 21 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M02000000632			
1. Entity Name GRP REALTY, LLC			
Principal Place of Business 360 HAMILTON AVENUE, 5TH FL. WHITE PLAINS, NY 10601		Mailing Address 360 HAMILTON AVENUE, 5TH FL. WHITE PLAINS, NY 10601	
2. Principal Place of Business 360 Hamilton Ave, 5th Fl White Plains, NY		3. Mailing Address 360 Hamilton Ave, 5th Fl White Plains, NY	
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		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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when retaking.)			
Filing Fee is \$50.00 Due by September 8, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAIN, JOSH 245 PARK AVENUE NEW YORK, NY 10167 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800038413608 06/29/04--01019--002 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEST, LANCE 360 HAMILTON AVENUE WHITE PLAINS, NY 10601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWDEN, NATALIE 360 HAMILTON AVENUE WHITE PLAINS, NY 10601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date (914) 397-7500	