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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000000632

1. Entity Name
GRP REALTY, LLC

Principal Place of Business	Mailing Address
360 HAMILTON AVENUE, 5TH FL. WHITE PLAINS, NY 10601	360 HAMILTON AVENUE, 5TH FL. WHITE PLAINS, NY 10601

2. Principal Place of Business	3. Mailing Address
360 Hamilton Ave. 5th Fl	360 Hamilton ave, 5th Fl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
White Plains, NY	White Plains, NY
City & State	City & State
Zip 10601 Country US	Zip 10601 Country US

06142004 Chg-LLC CR2E083 (10/03)

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	7. Name and Address of New Registered Agent
NATIONAL CORPORATE RESEARCH,LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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)(i), 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: Kristin Tess Kristin Tess (914)397-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #