


# 2005 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
--	--

**FILED**  
05 MAR -4 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03022005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301-0000

**DO NOT WRITE IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRAIN, JOSH 245 PARK AVENUE NEW YORK, NY 10167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEST, LANCE 360 HAMILTON AVENUE WHITE PLAINS, NY 10601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOWDEN, NATALIE 360 HAMILTON AVENUE WHITE PLAINS, NY 10601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

500048300765  
03/14/05--01062--004 \*\*\$0.00

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 3/2/05 (914) 397-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #