


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000000539


1. Entity Name
 1121 JACARANDA, L.L.C.



Principal Place of Business Mailing Address

C/O GREYSTONE HEALTHCARE MANAGEMENT CORP. C/O GREYSTONE HEALTHCARE MANAGEMENT CORP.
 3922 COCONUT PALM DRIVE, SUITE 102 3922 COCONUT PALM DRIVE, SUITE 102
 TAMPA, FL 33619 TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2258055	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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NH FLORIDA REALTY, L.L.C. 152 WEST 57TH STREET, 60TH FLOOR NEW YORK, NY 10019
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 01/11/07-80066-001 50.00

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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: *[Signature]* CFO WBM 1-19-07 813-635-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #