


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


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

DOCUMENT # M00000001786
1. Entity Name
587 BARTON BLVD., L.L.C.



Principal Place of Business Mailing Address
C/O GREYSTONE HEALTHCARE MANAGEMENT CORP. C/O GREYSTONE HEALTHCARE MANAGEMENT CORP.
3922 COCONUT PALM DR., SUITE 102 3922 COCONUT PALM DR., SUITE 102
TAMPA, FL 33619-1394 TAMPA, FL 33619-1394

DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4120861	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

**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 _____ 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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01/11/07-80066-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *W P Mando* W P Mando CEO 1/11/07 813-635-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #