

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000539

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

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O GREYSTONE HEALTHCARE MANAGEMENT CORP.  
4042 PARK OAKS BLVD., SUITE 300  
TAMPA, FL 33610

**Current Mailing Address:**

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

**New Mailing Address:**

C/O GREYSTONE HEALTHCARE MANAGEMENT CORP.  
4042 PARK OAKS BLVD., SUITE 300  
TAMPA, FL 33610

FEI Number: 20-2258055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NH FLORIDA REALTY, L.L.C.  
Address: 152 WEST 57TH STREET, 60TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN ROSENBERG

PRES

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date