2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Jan 17, 2007 08:00 AM Secretary of State

DOCUMENT # A15222	\Box	CI	IME	NIT #	A1	5222
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1. Entity Name

GRAMERCY PARK NURSING CARE CENTER, LIMITED



Principal Place of Business

17475 S DIXIE HIGHWAY MIAMI, FL 33157

Mailing Address

1114 WYNWOOD AVE CHERRY HILL, NJ 08002



01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 23-2258958

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 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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The above named entity submits this statement for the purpose of changing its registered office or regists the obligations of registered agent.	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature: typed or printed name of registered agent and title if applicable.	DATE
FILE NOW!!! FEE IS \$500.00	000000589786 01/18/07-80029-019 500.00

After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

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12.	GENERAL PARTNER INFORMATION
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F50630 GRAMERCY PK NURSING CTR 1114 WYNWOOD AVE. CHERRY HILL, NJ
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DOCUMENT # NAME STREET ADDRESS : CITY - ST - ZIP	

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this eport as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

18/2007

Daytima Phone ≢