

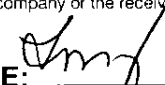


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90123 044 ****55.00

DOCUMENT # L06000044791 1. Entity Name CD119 GREYSTONE, LLC					
Principal Place of Business 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442			Mailing Address 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
					
01042007 Chg-LLC CR2E083 (12/06)					
4. FEI Number 20-4839476				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KASSOF, LINDA G 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIBLING, LORENZ 112 MILK STREET BOSTON, MA 02109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIBLING, GUENTHER 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRIGAN, PETER 112 MILK STREET BOSTON, MA 02109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSOF, LINDA G 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCFADDEN, JEFF 1560 ORANGE AVENUE, SUITE 410 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSOF, LINDA G 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSOF, LINDA G 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSOF, LINDA G 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSOF, LINDA G 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
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: 		Linda Kassof		3-23-07	954 428-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	