

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001346

**FILED**  
**Feb 13, 2008**  
**Secretary of State**

**Entity Name:** LEXINGTON TERRACE ALF, L.L.C.

**Current Principal Place of Business:**

6340 46TH AVE. N.  
ST. PETERSBURG, FL 337093104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GREYSTONE HEALTHCARE MANAGEMENT CORP.  
3922 COCONUT PALM DR., SUITE 102  
TAMPA, FL 336191394 US

**New Mailing Address:**

**FEI Number:** 13-4118710      **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 ( ) Delete  
**Name:** GREYSTONE TRIBECA AC, QUISTION, L.L. . C.  
**Address:** 152 W. 57TH STREET, 60TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10019

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

02/13/2008

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