

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000001347

1. Entity Name
GREENBRIAR NH, L.L.C.



Principal Place of Business
210 21ST AVE. WEST
BRADENTON, FL 34205-8336 US

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



02012007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 13-4118712 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GREYSTONE TRIBECA ACQUISITION, L.L.C. 152 W. 57TH STREET, 60TH FLOOR NEW YORK, NY 10019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

02/21/07-80001-013 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: **William Mando** 2/5/07 (813)635-9500