2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M00000001348

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

Principal Place of Business	Mailing Address
1000 24TH ST. N. ST. PETERSBURG, FL 33713 US	C/O GREYSTONE HEALTHCARE MANAGEMENT CORP. 3922 COCONUT PALM DR., SUITE 102 TAMPA, FL 33619-1394 US

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

02012007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
13-4118707	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

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

9. MANAGING MEMBERS/MANAGERS

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

U00000631935
02/21/07-80002-002 50.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #