


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-19-2007 90194 034 ****50.00

DOCUMENT # M00000001358 1. Entity Name SPRINGS OF LADY LAKE ALF, L.L.C.	
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Principal Place of Business 620 GRIFFIN AVE. LADY LAKE, FL 32159-8103 US	Mailing Address C/O GREYSTONE HEALTHCARE MANAGEMENT CORP. 3922 COCONUT PALM DR., SUITE 102 TAMPA, FL 33619-1394 US
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02022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4118701	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREYSTONE TRIBECA ACQUISITION, L.L.C. 152 W. 57TH STREET, 60TH FLOOR NEW YORK, NY 10019
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #