

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000001778
 1. Entity Name
 2201 NE 170TH ST., L.L.C.



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



01092007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-4120830 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NH FLORIDA REALTY, L.L.C. 152 WEST 57TH STREET, 60TH FLOOR NEW YORK, NY 10019
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 01/11/07-80066-008 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: *W O Mondo CFC* 1/9/07 813-635-9500
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #