2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001784

3250 SW 41ST PL., L.L.C.



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

Principal Place of Business

Mailing Address

3922 COCONUT PALM DR., SUITE 102 TAMPA, FL 33619-1394

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

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01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4120865

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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.		
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SI	GNATURE		

(NOTE: Registered Agent signature required when reinstating)

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

9.	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: 22 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE