



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003910 1. Entity Name GREYSTONE SOUTH BEACH, LLC						FILED 2005 JAN 10 PM 12: 32 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business 392 FIFTH AVENUE, SIXTH FLOOR NEW YORK, NY 10018				Mailing Address 392 FIFTH AVENUE, SIXTH FLOOR NEW YORK, NY 10018			
2. Principal Place of Business c/o The Setai Group				3. Mailing Address c/o The Setai Group			
Suite, Apt. #, etc. 405 Lexington Ave, 54th Fl				Suite, Apt. #, etc. 405 Lexington Ave, 54th Fl			
City & State New York, NY		City & State New York, NY		4. FEI Number 20-0411711		Applied For <input type="checkbox"/> Not Applicable	
Zip 10174		Country USA		Zip 10174		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01052005 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____							
Filing Fee is \$50.00 Due by May 1, 2005							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE MGR <input type="checkbox"/> Delete NAME BRENE, JONATHAN STREET ADDRESS 392 FIFTH AVENUE, SIXTH FLOOR CITY-ST-ZIP NEW YORK, NY 10018				TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Breene, Jonathan STREET ADDRESS 405 Lexington Ave., 54th Fl. CITY-ST-ZIP New York, NY 10174			
TITLE MGR <input type="checkbox"/> Delete NAME CONROY, JOHN STREET ADDRESS 392 FIFTH AVENUE, SIXTH FLOOR CITY-ST-ZIP NEW YORK, NY 10018				TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Conroy, John P STREET ADDRESS 405 Lexington Ave., 54th Fl. CITY-ST-ZIP New York, NY 10174			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>John P. Conroy</u> John P. Conroy <u>1/5/05</u> <u>(212) 947-7771</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							