2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-23-2008 90161 001 ***138.72
FILED M03000003910
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 10 AM 10:20

DOCUMENT # M03000003910

1. Entity Name
GREYSTONE SOUTH BEACH, LLC

Principal Place of Business	Mailing Address
C/O THE SETAI GROUP 405 LEXINGTON AVE, 54TH FL NEW YORK, NY 10174	C/O THE SETAI GROUP 405 LEXINGTON AVE, 54TH FL NEW YORK, NY 10174

DO NOT WRITE IN THIS SPACE

03202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-0411711
☐ 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

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BREENE, JONATHAN
STREET ADDRESS	405 LEXINGTON AVE., 54TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10174
TITLE	MGR
NAME	CONROY, JOHN
STREET ADDRESS	405 LEXINGTON AVE., 54TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10174
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	

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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: _____ 4/25/08 (212)947-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #