

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000534

Entity Name: HEALTH PARK ALF, L.L.C.

FILED  
Apr 25, 2006  
Secretary of State

**Current Principal Place of Business:**

1121 JACARANDA BLVD.  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

1121 JACARANDA BLVD.  
VENICE, FL 34292

**New Mailing Address:**

C/O GREYSTONE HEALTHCARE MANAGEMENT CORP.  
3922 COCONUT PALM DR., SUITE 102  
TAMPA, FL 336191394

FEI Number: 20-2257904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GREYSTONE TIBICA ACQ, UISION, LLC  
Address: 152 WEST 57TH STREET, 60TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GREYSTONE TRIBECA AC, QUISITION, LLC  
Address: 152 WEST 57TH STREET, 60TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN ROSENBERG

PRES

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date