

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M05000000539

1. Entity Name
1121 JACARANDA, L.L.C.



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



01092007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
20-2258055 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME NH FLORIDA REALTY, L.L.C.
STREET ADDRESS 152 WEST 57TH STREET, 60TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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U00000533295
01/11/07-80066-001 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: *[Signature]* CFO WBM-D 1-19-07 813-635-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #