

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000540

Entity Name: 18400 TOLEDO BLADE, L.L.C.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 20-2258381

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: NH FLORIDA REALTY, L, .L.C.
Address: 152 WEST 57TH STREET, 60TH FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/24/2006

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