

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000514

Entity Name: LEHIGH ACRES NH LLC

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1550 LEE BLVD.  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

152 WEST 57TH STREET, 60TH FLOOR  
NEW YORK, NY 10019

**New Mailing Address:**

C/O GREYSTONE HEALTHCARE MANAGEMENT CORPOR  
4042 PARK OAKS BLVD., SUITE 300  
TAMPA, FL 33610 US

FEI Number: 20-8272328

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  
Name: NH OPERATOR HOLDINGS LLC  
Address: 152 WEST 57TH STREET, 60TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

I hereby 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: NH OPERATOR HOLDINGS LLC

MGRM

04/13/2011

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