

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001781

**Entity Name:** 1000 24TH ST. N., L.L.C

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 13-4120834

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

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

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACQUELINE PRICE

VICE PRESIDENT & CFO

03/26/2020

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date