


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90032 015 ****50.00

DOCUMENT # L01000004883	
1. Entity Name SYLVAN HEALTH SYSTEMS, LLC	

Principal Place of Business 2770 REGENCY OAKS BLVD CLEARWATER, FL 33759	Mailing Address 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764
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20032773



2. Principal Place of Business	3. Mailing Address 2701 N. Rocky Point Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1160
City & State	City & State Tampa, FL
Zip	Country
33607	US

04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3708392	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON EZELL HEALTH CARE MANAGEMENT INC. 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764
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7. Name and Address of New Registered Agent Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324
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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: PETER F. SOUZA ASSISTANT SECRETARY
DATE: 4/11/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON EZELL HEALTH CARE MANAGEMENT, INC. 18167 U.S. HIGHWAY 19 NORTH, SUITE 660 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CSA Senior Housing Investments, LLC 630 Fifth Avenue, 29th Floor New York, NY 10111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Craig E. Anderson By: Craig E. Anderson, as Manager
DATE: 4/7/05 (212) 314-0366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE