

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004883

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** SYLVAN HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

C/O HORIZON BAY, 5426 BAY CENTER DR  
SUITE 600  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HORIZON BAY, 5426 BAY CENTER DR  
SUITE 600  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-3708392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: CSA SENIOR HOUSING INVESTMENTS, LLC  
Address: C/O AEW, WORLD TRADE CTR E, TWO SEAPORT LN  
City-St-Zip: BOSTON, MA 02210

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: PAMELA J. HERBST, AUTHORIZED REP OF MGR

AR

01/18/2010

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