

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000321

FILED
Apr 30, 2004
Secretary of State

Entity Name: SYLVAN HEALTH PROPERTIES, LLC

Current Principal Place of Business:

18167 U.S. HIGHWAY 19 NORTH. SUITE 660
CLEARWATER, FL 33764

New Principal Place of Business:

18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER, FL 33764

Current Mailing Address:

18167 U.S. HIGHWAY 19 NORTH. SUITE 660
CLEARWATER, FL 33764

New Mailing Address:

18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER, FL 33764

FEI Number: 05-0562503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON EZELL CORPORATION
18167 U.S. HIGHWAY 19 NORTH, SUITE 660
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

JOHNSON EZELL CORPORATION
18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER, FL 33764 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: _____

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CLEARWATER LAND COMP, ANY
Address: 18167 U.S. HIGHWAY 19 NORTH. SUITE 660
City-St-Zip: CLEARWATER, FL 33764

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 Section 119.07(3)(i), 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: NEIL EZELL

MGR

04/30/2004

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