


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-14-2005 90032 014 \*\*\*\*50.00

<b>DOCUMENT # M03000000321</b>					
1. Entity Name SYLVAN HEALTH PROPERTIES, LLC					
Principal Place of Business 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764			Mailing Address 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764		
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	Zip	Country	4. FEI Number 05-0562503	
33607	US	33607	US	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04052005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent JOHNSON EZELL CORPORATION 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764			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		
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: <u>PETER F. SOUZA</u> ASSISTANT SECRETARY 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEARWATER LAND COMPANY 18167 U.S. HIGHWAY 19 NORTH, SUITE 660 CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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. By: <u>Craig E. Anderson, as Manager</u> CSA Senior Housing Investments, LLC, Manager					
SIGNATURE: <u>[Signature]</u>			4/7/05 (212) 314-0366		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					