

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000321

**FILED**  
**Apr 29, 2006**  
**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:**

2701 N. ROCKY POINT DRIVE  
SUITE 1160  
TAMPA, FL 33607

**Current Mailing Address:**

2701 N ROCKY POINT DR  
STE 1160  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 05-0562503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 ( ) Delete  
Name: CSA SENIOR HOUSING I, NVESTMENTS LLC  
Address: 630 5TH AVE 29TH FL  
City-St-Zip: NEW YORK, NY 10111

**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 Chapter 119, 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: CRAIG E. ANDERSON

MGR

04/29/2006

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