

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000321

FILED
Apr 29, 2009
Secretary of State

Entity Name: SYLVAN HEALTH PROPERTIES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

2701 N ROCKY POINT DR
STE 1160
TAMPA, FL 33607

New Mailing Address:

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

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 INVESTMENTS LLC
Address: 630 5TH AVE 29TH FL
City-St-Zip: NEW YORK, NY 10111

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
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 supplied with this filing does not qualify 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: PAMELA J HERBST, AS AUTHORIZED REP OF MGR

MGR

04/29/2009

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