

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004553

Entity Name: SUWANEE, LLC

**FILED**  
**May 14, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

4445 WILLARD AVENUE  
12TH FLOOR  
CHEVY CHASE, MD 20815

**Current Mailing Address:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

**New Mailing Address:**

4445 WILLARD AVENUE  
12TH FLOOR  
CHEVY CHASE, MD 20815

FEI Number: 20-5223977      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BELL, SCOTT J  
Address: 2 NORTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CSE SNF HOLDING II L, LC  
Address: 4445 WILLARD AVENUE, 12TH FLOOR  
City-St-Zip: CHEVY CHASE, MD 20815

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: CAROLYN SILVA-QUAGLIATO

AS

05/14/2007

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