2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2007
Secretary of State

DOCUMENT# M05000005348

Entity Name: WMPT PALMS WEST III MANAGEMENT, L.L.C.

Current Principal Place of Business:

3502 WOODVIEW TRACE, SUITE 210
INDIANAPOLIS, IN 46268

New Principal Place of Business:

ONE SEAGATE
SUITE 1500
TOLEDO, OH 43604

Current Mailing Address:

3502 WOODVIEW TRACE, SUITE 210
INDIANAPOLIS, IN 46268

New Mailing Address:

ONE SEAGATE
SUITE 1500
TOLEDO, OH 43604

FEI Number: **FEI Number Applied For (X)** **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:

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: WINDROSE MEDICAL PRO, PERTIES L.P.
Address: 3502 WOODVIEW TRACE, SUITE 210
City-St-Zip: INDIANAPOLIS, IN 46268

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WINDROSE MEDICAL PRO, PERTIES L.P.
Address: ONE SEAGATE, SUITE 1500
City-St-Zip: TOLEDO, OH 43604

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: MICHAEL A. CRABTREE TREA 07/24/2007

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