

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005348

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

ONE SEAGATE
SUITE 1500
TOLEDO, OH 43604

New Principal Place of Business:

ONE SEAGATE
SUITE 1500
TOLEDO, OH 43604 US

Current Mailing Address:

ONE SEAGATE
SUITE 1500
TOLEDO, OH 43604

New Mailing Address:

ONE SEAGATE
SUITE 1500
TOLEDO, OH 43604 US

FEI Number: 20-3520359

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: WINDROSE MEDICAL PROPERTIES L.P.
Address: ONE SEAGATE, SUITE 1500
City-St-Zip: TOLEDO, OH 43604

ADDITIONS/CHANGES:

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

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: WINDROSE MEDICAL PROPERTIES, LP

MGR

04/14/2009

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