2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006860

Entity Name: WINDROSE LAKEWOOD PROPERTIES, L.L.C.

FILED Jun 01, 2007 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

3502 WOODVIEW TRACE, SUITE 210 ONE SEAGATE INDIANAPOLIS, IN 46268 SUITE 1500

TOLEDO, OH 43604

Current Mailing Address: New Mailing Address:

3502 WOODVIEW TRACE, SUITE 210 ONE SEAGATE INDIANAPOLIS, IN 46268 SUITE 1500 TOLEDO, OH 43604

FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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

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:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

() Delete

WINDROSE MEDICAL PRO. PERTIES L.P. Name:

Address: 3502 WOODVIEW TRACE, SUITE 210

City-St-Zip: INDIANAPOLIS, IN 46268 ADDITIONS/CHANGES:

Title: (X) Change () Addition

WINDROSE MEDICAL PRO, PERTIES L.P. Name:

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: WINDROSE MEDICAL PROPERTIES, L.P.

06/01/2007