#### 2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005348

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

FILED
Apr 25, 2015
Secretary of State
CC8671061844

### **Current Principal Place of Business:**

4500 DORR STREET TOLEDO, OH 43615

# **Current Mailing Address:**

4500 DORR STREET TOLEDO, OH 43615 US

FEI Number: 20-3520359 Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

# Authorized Person(s) Detail:

 Title
 MGRM
 Title
 SECRETARY

 Name
 WINDROSE MEDICAL PROPERTIES
 Name
 IBELE, ERIN C

L.P.

Address 4500 DORR STREET

Address 4500 DORR STREET

City-State-Zip: TOLEDO OH 43615

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIN C. IBELE

Electronic Signature of Signing Authorized Person(s) Detail

**AUTHORIZED PERSON** 

04/25/2015

Date