2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# A04955

Entity Name: PLM LIMITED PARTNERSHIP

Current Principal Place of Business:

P.O. BOX 10086
TOLEDO, OH 436990086

New Principal Place of Business:

333 N SUMMIT ST
TOLEDO, OH 43604

Current Mailing Address:

P.O. BOX 10086
TOLEDO, OH 436990086

New Mailing Address:

333 N SUMMTI ST
TOLEDO, OH 43604

FEI Number: 36-2899194 **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

GENERAL PARTNER INFORMATION:

Document #: 836638
Name: WINTER PARK NURSING CENT
Address: P.O. BOX 10086
City-St-Zip: TOLEDO, OH 436990086

ADDRESS CHANGES ONLY:

Address: 333 N SUMMIT ST
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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: KATHRYN S HOOPS VPD 03/30/2009

Electronic Signature of Signing General Partner — Date