2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

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SIGNATURE:

FILED DOCUMENT # A21400 2007 APR -5 AM 9: 43 KENDALL PROFESSIONAL CENTER, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6855 RED ROAD, SUITE 600 8950 N. KENDALL DRIVE MIAMI, FL 33176 CORAL GABLES, FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Act # etc. Suite, Apt. #, etc. 01102007 CR2E003 (12/06) Chg-LP City & State City & State Applied For 4. FEI Number 59-2645094 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRIEDMAN, DAVID R ESQ. 6855 RED ROAD, SUITE 600 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33143 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or pointed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # H65429 STREET ADDRESS BAPTIST HOSPITAL DEVELOPMENT CORP. NAME STREET ADDRESS 6855 RED ROAD, SUITE 600 CITY-S1-ZIP CITY-ST-ZIP CORAL GABLES, FL 33143 **400096497:** 04/11/0?--01035--003 DOCUMENT # STREET ADDRESS **500.00 NAME STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-ZP CHY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+S1-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 exempt this report as pluried by Chapter 620, Florida Statutes

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