2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# A93000000650

Entity Name: WINDROSE NORTHSIDE PROPERTIES, LTD.

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: 65-0418557 **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 #: M05000005285
Name: WMPT NORTHSIDE MANAGEMENT, L.L.C.
Address: ONE SEAGATE, SUITE 1500
City-St-Zip: TOLEDO, OH 43604

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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: WINDROSE MEDICAL PROPERTIES, LP MGRM 04/14/2009

Electronic Signature of Signing General Partner Date