2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# A93000000995

Entity Name: NEW SMYRNA MEDICAL BUILDING, LTD.

Current Principal Place of Business:

603 S. ORANGE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

1315 NORTH ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

603 S. ORANGE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

1315 NORTH ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169

FEI Number: 59-3218874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROUSE, JACOB D
603 S. ORANGE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

ROUSE, JACOB D
1315 NORTH ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169 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: _____ 03/18/2009
Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #:
Name: J.D. ROUSE
Address: 603 S. ORANGE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDRESS CHANGES ONLY:

Address: 1315 NORTH ATLANTIC AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: J. D. ROUSE PRES 03/18/2009
Electronic Signature of Signing General Partner — Date