

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A93000000995

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** NEW SMYRNA MEDICAL BUILDING, LTD.

**Current Principal Place of Business:**

1315 NORTH ATLANTIC AVE.  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

1315 NORTH ATLANTIC AVE.  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**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  
1315 NORTH ATLANTIC AVE.  
NEW SMYRNA BEACH, FL 32169 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 #:

Name: J.D. ROUSE

Address: 1315 NORTH ATLANTIC AVE.

City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby 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: JACOB D. ROUSE

\_\_\_\_\_  
Electronic Signature of Signing General Partner

03/24/2010

\_\_\_\_\_  
Date