

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000549

**Entity Name:** PASADENA MEDICAL PLAZA SSJ, LTD.

**FILED**  
**Jan 31, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

3310 WEST END AVENUE, SUITE 700  
NASHVILLE, TN 37203

**New Principal Place of Business:**

**Current Mailing Address:**

3310 WEST END AVENUE, SUITE 700  
NASHVILLE, TN 37203

**New Mailing Address:**

**FEI Number:** 63-1128216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 #: F93000002418  
Name: HEALTHCARE REALTY TRUST INCORPORATED  
Address: 3310 WEST END AVE., SUITE 400  
City-St-Zip: NASHVILLE, TN 37203

**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: DAVID TRAVIS

CAO

01/31/2008

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

\_\_\_\_\_  
Date