

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000002122

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** WINDROSE COLUMBIA 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:** 65-0969622

**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 #: M05000005284  
Name: WMPT COLUMBIA MANAGEMENT, LLC  
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