

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000002127

**FILED**  
**Apr 06, 2005**  
**Secretary of State**

**Entity Name:** MEDICAL OFFICE PORTFOLIO PROPERTIES LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3801 PGA BOULEVARD, SUITE 600  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

3801 PGA BOULEVARD, SUITE 600  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 65-0977085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REGSERV CORP.  
3801 PGA BOULEVARD, SUITE 600  
PALM BEACH GARDENS, FL 33410 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

**Capital Contributions as Shown on record:** 1,000.00

**Amount of Capital Contributions in Florida to date:** 1,000.00

**GENERAL PARTNER INFORMATION:**

Document #: P99000109174  
Name: MEDICAL OFFICE PORTFOLIO PROPERTIES, INC.  
Address: 3801 PGA BOULEVARD, SUITE 600  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAWRENCE J. DIAMOND

VP

04/06/2005

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

\_\_\_\_\_  
Date