

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B00000000248

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** GRAHAM FLORIDA MEDICAL BUILDING LIMITED PARTNERSHIP

**Current Principal Place of Business:**

505 5TH AVENUE  
SUITE 200  
DES MOINES, IA 50309

**New Principal Place of Business:**

**Current Mailing Address:**

505 5TH AVENUE  
SUITE 200  
DES MOINES, IA 50309

**New Mailing Address:**

**FEI Number:** 42-1507780

**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 #: F00000004686  
Name: THE GRAHAM GROUP, INC.  
Address: 505 5TH AVENUE, SUITE 200  
City-St-Zip: DES MOINES, IA 50309

**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: CHARLES R. TAYLOR

VP

03/26/2009

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

\_\_\_\_\_  
Date