

# 2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B01000000350

**FILED**  
**Jan 24, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

500 LOCUST STREET  
DES MOINES, IA 50309

**New Principal Place of Business:**

505 5TH AVENUE  
SUITE 200  
DES MOINES, IA 503092449 US

**Current Mailing Address:**

500 LOCUST STREET  
DES MOINES, IA 50309

**New Mailing Address:**

505 5TH AVENUE  
SUITE 200  
DES MOINES, IA 503092449 US

FEI Number: 42-1524801

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 OF IOWA, INC.  
Address: 500 LOCUST STREET  
City-St-Zip: DES MOINES, IA 50309

**ADDRESS CHANGES ONLY:**

Address: 505 5TH AVENUE, SUITE 200  
City-St-Zip: DES MOINES, IA 50309

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, SECRETARY OF GEN. PARTN

SECR

01/24/2008

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

\_\_\_\_\_ Date