2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005282

Entity Name: WMPT CONGRESS II MANAGEMENT, L.L.C.

FILED Jul 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3502 WOODVIEW TRACE, SUITE 210 ONE SEAGATE INDIANAPOLIS, IN 46268 SUITE 1500

TOLEDO, OH 43604

Current Mailing Address: New Mailing Address:

3502 WOODVIEW TRACE, SUITE 210 ONE SEAGATE, SUITE 1500 INDIANAPOLIS, IN 46268 TOLEDO, OH 43604

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: WINDROSE MEDICAL PRO, PERTIES L.P. Name: WINDROSE MEDICAL PRO, PERTIES L.P.

Address: 3502 WOODVIEW TRACE, SUITE 210 Address: ONE SEAGATE, SUITE 1500 City-St-Zip: INDIANAPOLIS, IN 46268 City-St-Zip: TOLEDO, OH 43604

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL A. CRABTREE TREA 07/24/2007