

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005302

FILED
Jul 24, 2007
Secretary of State

Entity Name: WMPT WEST BOCA MANAGEMENT, L.L.C.

Current Principal Place of Business:

3502 WOODVIEW TRACE, SUITE 210
INDIANAPOLIS, IN 46268

New Principal Place of Business:

ONE SEAGATE
SUITE 1500
TOLEDO, OH 43604

Current Mailing Address:

3502 WOODVIEW TRACE, SUITE 210
INDIANAPOLIS, IN 46268

New Mailing Address:

ONE SEAGATE
SUITE 1500
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
Name: WINDROSE MEDICAL PRO, PERTIES L.P.
Address: 3502 WOODVIEW TRACE, SUITE 210
City-St-Zip: INDIANAPOLIS, IN 46268

Title: MGR (X) Change () Addition
Name: WINDROSE MEDICAL PRO, PERTIES L.P.
Address: ONE SEAGATE, SUITE 1500
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

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date