

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002528

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** WINDROSE LAKE MEAD PROPERTIES, L.L.C.

**Current Principal Place of Business:**

4500 DORR STREET  
TOLEDO, OH 43615

**New Principal Place of Business:**

**Current Mailing Address:**

4500 DORR STREET  
TOLEDO, OH 43615

**New Mailing Address:**

**FEI Number:** 20-2852937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

04/12/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WINDROSE MEDICAL PROPERTIES, L.P.  
Address: 4500 DORR STREET  
City-St-Zip: TOLEDO, OH 43615

I hereby 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: ERIN C. IBELE

SEC

04/12/2012

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