

**2023 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B0100000280

**Entity Name:** SHANNON HEALTH/MOB LIMITED PARTNERSHIP NO. 1

**Current Principal Place of Business:**

1505 MARRIOTTSVILLE ROAD  
MARRIOTTSVILLE, MD 21104

**Current Mailing Address:**

1505 MARRIOTTSVILLE ROAD  
MARRIOTTSVILLE, MD 21104 US

**FEI Number:** 57-1127282

**Certificate of Status Desired:** No

**Name and Address of Current 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

**General Partner Detail :**

Document # M01000001859  
Name EA-BSD 1, L.L.C.  
Address 1505 MARRIOTTSVILLE ROAD  
City-State-Zip: MARRIOTTSVILLE MD 21104

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANA J. BAKER

**SECRETARY**

**04/21/2023**

Electronic Signature of Signing General Partner Detail

Date