AA700002762

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2762

900003015929--8
-10/15/99--01051--001
****165.00 *****35.00

Health Care Properties XV, LTD

- ____ Art of Inc. File
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ____ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ✓ RA Resignation change
- ____ Dissolution / Withdrawal
- ____ Annual Report / Reinstatement
- ____ Cert. Copy
- ✓ Photo Copy
- ____ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier

99 OCT 15 PM 2:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED

RECEIVED
99 OCT 15 PM 12:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

5 Filings

BK
10/15/99

Signature

Requested by:
CY 10/15 11:44
Name Date Time

Walk-In _____ Will Pick Up _____

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILED
99 DEC 15 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Health Care Properties XV, Ltd.
Name of the limited partnership

2. December 18, 1997
Date of filing/registration in Florida

3. A97000002762
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Donald A. Roark
Name

201 East Government Street
Address

Pensacola, FL 32501
City, State and Zip

5. The name and address of the new registered agent and/or office:

Donald A. Roark
Name

1101 Gulf Breeze Parkway, #65
Florida street address (P.O. Box not acceptable)

Gulf Breeze FL 32561
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

The Wellington Group, LLC

By: _____
Signature of General Partner

Mark D. West, Secretary

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

_____
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: $35.00

INHS04(9/97)