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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From: AMY J. PATTERSON
Account Name : HEALTH CARE PROPERTY INVESTORS, INC.
Account Number : I20060000167
Phone : (407)650-1068
Fax Number : (407)835-3235

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DISS/TERM/CANCEL/REV OF LP/LLP

EVANSVILLE MOB OWNERS LIMITED PARTNERSHIP

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NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

Evansville MOB Owners Limited Partnership
(Name of limited partnership or limited liability limited partnership)

Delaware
(Jurisdiction of formation)

4/11/2005
(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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Signature of a general partner:

Typed or printed name:
John Mark Ramsey

Filing Fee:	**$52.50**
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