

LO7000098230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

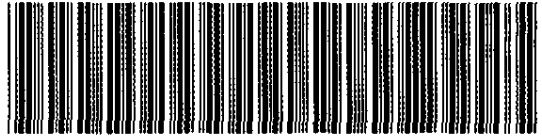
(Business Entity Name)

(Document Number)

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08 MAR 26 AM 11:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
MAR 26 2008  
EXAMINER

FILED  
08 MAR 26 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FKP Hermitage Senior Living LLC (FL)  
Change of Agent  
Florida  
Filing Date:

FKP Fort Walton Beach Senior Living LLC (FL)  
Change of Agent  
Florida  
Filing Date:

FKP Franklin Senior Living LLC (FL)  
Change of Agent  
Florida  
Filing Date:

FKP Panama City Beach Senior Living LLC (FL)  
Change of Agent  
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Filing Date:

FKP Seneca Senior Living LLC (FL)  
Change of Agent  
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Filing Date:

FKP Sun City Center Senior Living LLC (FL)  
Change of Agent  
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FKP Tampa Senior Living LLC (FL)  
Change of Agent  
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Filing Date:

FKP Thomasville Senior Living LLC (FL)  
Change of Agent  
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Filing Date:

FKP Fort Walton Beach Senior Living Tenant LLC (FL)  
Change of Agent  
Florida  
Filing Date:

FKP Franklin Senior Living Tenant LLC (FL)  
Change of Agent

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: FKP FORT WALTON BEACH SENIOR LIVING TENANT LLC

2. The mailing address of the limited liability company is : LEVEL 5, 120 EDWARD ST.  
BRISBANE QLD 4000, AUSTRALIA XX

09/26/2007

L07000098230

3. Date of filing/registration in Florida

4. Document number

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

F&L CORP.

Name

ONE INDEPENDENT DRIVE, SUITE 1300

Address

JACKSONVILLE FL 32202 US

City, State and Zip

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL

33324

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

**Sandra Ortega**  
**Vice President**

(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: [Signature]

(Signature of Registered Agent)

C T Corporation System

**Arlene Bernal**

**Assistant Secretary**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)

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