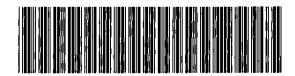
## L0700098259

(Requestor's Name)					
(Ad	dress)				
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	v/Stata/7in/Phon	o #\			
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
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(Do	cument Number)				
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0 17 10 1	0.77				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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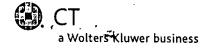
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B. KOHR MAR 2 6 2008

EXAMINER





CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

Florida Filing Date:

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

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

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

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

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

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

If you have any questions concerning this order, please contact:

Christina Lam

New York Customer Service Group 3

Phone: (212) 590-9332

Email: christina.lam@wolterskluwer.com

Thank you for this opportunity to be of service.

FILED PH 2: L8
SECRETARY OF STATES
TALLAHASSEE FLORIOR

## 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 limit	ed liability company i	is: FKP SUN CITY	CENTER SENIOR	LIVING TENANT LLC	
2. The mailing address of	of the limited liability	company is : LE	VEL 5, 120 EDWAR	RD \$T.	
BRISBANE QLD 4000, AUS	_	· ·			
00/26/2007			07000000250		
	09/26/2007  3. Date of filing/registration in Florida		L07000098259  4. Document number		
· · · · · · · · · · · · · · · · · · ·	non mi i ionda	7	. Document num		
5. The name of the regist Florida Department of	ered agent and the reg	gistered office ad	dress as shown o	n the records of the	
rioriaa Deparationi or	F&L CORP.			F.S. 9.	
	Name			EE B	
	ONE INDEPENDENT DRIVE, SUITE 1300		是 第一		
Address 25 7				26 1	
	JACKSONVILLE FL 32202 US		92 2 M		
	•	y, State and Zip			
6. The name and address	of the new registered	agent and/or off	ice:	OS MAR 26 PH 2: 48 SECAL TARY OF STATE TALLAHASSEF FLORIT	
	СТС	Corporation System		<u>ā</u> m	
	. 1200 0	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 conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are the registered agent vereby confirmed that the nited liability compan at of the limited liability	made, the Florid will be identical. he change(s) was y or as otherwise ity company.	a street address of Or, in the case of were authorized	of the registered office of a Florida limited by an affirmative vote	
(Printed or typed name of signee)  I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm to C.T. Confirm (Signature of Rygistered Agent)	Vice Printment as registered s of all statutes relation decept the obligation his document is being that the limited liabil of ation System Arien	Ortega esident agent and agree we to the proper ins of my position if filed to merely in the Bernal has the Secretary	reflect a change i been notified in	acity. I further agree to formance of my duties, gent as provided for in n the registered office writing of this change.	
( )	n of Corporations, P			32314	

**FILING FEE: \$25.00** 

INHS18 (8/05)