

L07000098689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

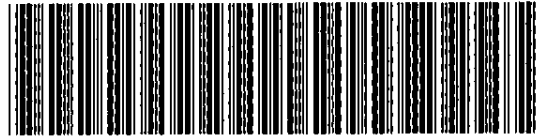
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA



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
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Filing Date:

FKP Tampa Senior Living Tenant LLC (FL)
Change of Agent
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FKP Thomasville Senior Living Tenant LLC (FL)
Change of Agent
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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.

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 SENECA SENIOR LIVING TENANT LLC

2. The mailing address of the limited liability company is : 120 EDWARD ST., LEVEL 5

BRISBANE QLD 4000 AUSTRALIA OC

09/26/2007

L07000098689

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 DR 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

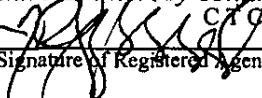
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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 of a member or authorized representative of a member)

Sandra Ortega
(Printed or typed name of signee)
Vice President

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:  C T Corporation System
(Signature of Registered Agent)
Arlene Bernal
Assistant Secretary

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

FILING FEE: \$25.00

INHS18 (8/05)