

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000006418

**Entity Name:** ARHC BMPCYFL02, LLC

**Current Principal Place of Business:**

500 NORTH HURSTBOURNE PARKWAY  
SUITE 200  
LOUISVILLE, KY 40222

**Current Mailing Address:**

500 NORTH HURSTBOURNE PARKWAY  
SUITE 200  
LOUISVILLE, KY 40222 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name VENTAS REALTY CAPITAL  
HEALTHCARE TRUST OPERATING  
PARTNERSHIP, LP  
Address 500 NORTH HURSTBOURNE  
PARKWAY  
SUITE 200  
City-State-Zip: LOUISVILLE KY 40222

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANA J. BAKER**

**SECRETARY**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date