

**2019 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B13000000294

**FILED**  
**Feb 13, 2019**  
**Secretary of State**  
**5546338527CC**

**Entity Name:** VENTAS REALTY CAPITAL HEALTHCARE TRUST OPERATING PARTNERSHIP, L.P.

**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: 27-3306526**

**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

**General Partner Detail :**

Document #

Name STRIPE SUB, LLC

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANA J. BAKER**

**SECRETARY**

**02/13/2019**

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date