

AD1000000964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

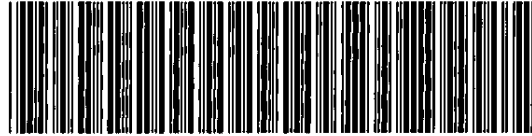
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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 808068 7452534

AUTHORIZATION :

COST LIMIT : \$35.00

[Handwritten signature]

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TALLAHASSEE, FLORIDA
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ORDER DATE : March 19, 2007

ORDER TIME : 10:15 AM

ORDER NO. : 808068-250

CUSTOMER NO: 7452534

CHANGE OF AGENT

NAME: LEXINGTON EQUITY INVESTORS,
LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. LEXINGTON EQUITY INVESTORS, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. July 16, 2001

Date of filing/registration in Florida

3. A01000000964

Florida document number

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

Amy J. Patterson

Name

420 South Orange Avenue, Suite 500

Address

Orlando, FL 32801

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Brian J. Moore
Signature of General Partner

*Authorized Person of HCP DAS Lexington K46P, LLC, General Partner
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.*

By: Sylvia J. Queppet

Signature of Registered Agent Sylvia J. Queppet, Asst. VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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