

FEB. 18. 2009 3:02PM

A-01000000964

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6383

From:  
Account Name : CORPORATION SERVICE COMPANY  
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2-9-09

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

LEXINGTON EQUITY INVESTORS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	45
Estimated Charge	\$52.50

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PAGE 001/001

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# RESUBMIT

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February 11, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CSC

SUBJECT: LEXINGTON EQUITY INVESTORS, LTD.  
REF: A01000000964

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

A general partner must sign the document.

The document must be signed also by New or Dissociating general partner.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H09000029884  
Letter Number: 009A00004633

P.O. BOX 6327 - Tallahassee, Florida 32314

FEB. 18. 2009 3:03PM

C S C

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09 FEB -9 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

Lexington Equity Investors, Ltd.

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on July 16, 2001, assigned Florida document number A01000000964, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

(New name must be distinguishable and contain an acceptable suffix.)

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, LLLP, or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

(If Changing Registered Agent, Signature of New Registered Agent)

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	CNL Retirement DAS Lexington KY GP, LLC	420 S. Orange Ave. Suite 500 Orlando, FL 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	HCP DAS Lexington KY GP, LLC mo9-446	3760 Kilroy Airport Way Suite 300 Long Beach, CA 90806	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

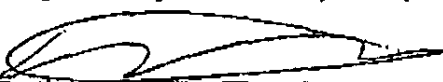
**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



By: Edward J. Henning, Manager  
of HCP DAS Lexington KY GP, LLC,  
its General Partner



By: Edward J. Henning, Manager  
of CNL Retirement DAS Lexington  
KY GP, LLC, its General Partner

**Signature(s) of all new or dissociating general partner(s), if any:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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