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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

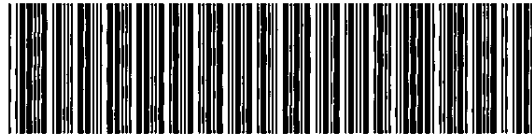
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07 MAR 26 AM 10:48  
DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 808068 7452534

AUTHORIZATION :

COST LIMIT :

\$ 35.00

FILED  
07 MAR 29 PM 11:21  
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SECRETARY OF STATE

ORDER DATE : March 19, 2007

ORDER TIME : 10:13 AM

ORDER NO. : 808068-175

CUSTOMER NO: 7452534

CHANGE OF AGENT

NAME: BAYTOWN MOB PARTNERS, 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. BAYTOWN MOB PARTNERS, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. April 1, 2002

Date of filing/registration in Florida

3. A02000000190

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 Tranche 1 GP, 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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