

# Certificate of Limited Partnership

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FILED  
March 10, 2006  
Sec. Of State  
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Name of Limited Partnership:

MONTECITO MEDICAL MOB PORTFOLIO I LIMITED PARTNERSHIP

Street Address of Limited Partnership:

7785 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE, FL. 32256

Mailing Address of Limited Partnership:

7785 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE, FL. 32256

The name and Florida street address of the registered agent is:

DOUGLAS R MAXWELL  
10739 DEERWOOD PARK BLVD  
SUITE 200A  
JACKSONVILLE, FL. 32256

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: DOUGLAS R. MAXWELL

The name and address of all general partners are:

Title: G  
MONTECITO MEDICAL MOB PORTFOLIO I MANAGEME  
7785 BAYMEADOWS WAY, SUITE 200  
JACKSONVILLE, FL. 32256

Signed this Tenth day of March, 2006

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: DOUGLAS R. MAXWELL, VP & ASST. SEC.