

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Tallahassee, Florida 32302
(850) 222-1122 • 1-800-322-8062 • Fax (850) 222-1122

A97000000314

Health Care Properties II,
LTD

600003015926--7--
-10/15/99--01051--001
*****165.00 *****35.00

S - filings

Art of Inc. File	
LTD Partnership File	
Foreign Corp. File	
L.C. File	
Fictitious Name File	
Trade/Service Mark	
Merger File	
Art. of Amend. File	
✓ RA-Resignation <u>change</u>	
Dissolution / Withdrawal	
Annual Report / Reinstatement	
Cert. Copy	
✓ Photo Copy	
Certificate of Good Standing	
Certificate of Status	
Certificate of Fictitious Name	
Corp Record Search	
Officer Search	
Fictitious Search	
Fictitious Owner Search	
Vehicle Search	
Driving Record	
UCC 1 or 3 File	
UCC 11 Search	
UCC 11 Retrieval	
Courier	

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TALLAHASSEE, FLORIDA
99 OCT 15 PM 12:30

Signature

by 10/15/99

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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

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DIVISION OF CORPORATIONS
99 OCT 15 PM 2:36

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Health Care Properties II, Ltd.
Name of the limited partnership

2. February 4, 1997 3. A97000000314
Date of filing/registration in Florida Document number assigned

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

Donald A. Roark
Name
201 East Government Street
Address
Pensacola, Florida 32501
City, State and Zip

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

Donald A. Roark
Name
1101 Gulf Breeze Parkway, #65
Florida street address (P.O. Box not acceptable)
Gulf Breeze FL 32561
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

The Wellington Group, LLC

By: Mark D. West
Signature of General Partner Mark, D. West, Secretary

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Donald A. Roark
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00