

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-0060 • Fax (850) 224-1122

A98000000278

Health Care Properties
XVII, LTD

000003015930--5
-10/15/99-01051--001
****165.00 *****35.00

5 filings

BKE
10/15/99

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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

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

RECEIVED

99 OCT 15 PM 12:33

DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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 XVII, Ltd.
Name of the limited partnership

2. January 29, 1998 3. A98000000278
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, FL 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