

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002464

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** HR ASSETS, LLC

**Current Principal Place of Business:**

3310 WEST END AVE.  
SUITE 700  
NASHVILLE, TN 37203

**New Principal Place of Business:**

**Current Mailing Address:**

3310 WEST END AVE.  
SUITE 700  
NASHVILLE, TN 37203

**New Mailing Address:**

**FEI Number:** 61-1837261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HEALTHCARE REALTY TRUST INCORPORATED  
Address: 3310 WEST END AVE., STE 700  
City-St-Zip: NASHVILLE, TN 37203

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RITA H. TODD

AP

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date