10300000126

(Requestor's Name)	
(Address)	
(Address)	.
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer	
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TIDN SERVICE COMPANY.	
ACCOUNT NO. : 072100000032	
REFERENCE : 898068 7452534	
AUTHORIZATION : THE COMPANY OF THE PARTY OF	TAS OT
COST LIMIT : \$ 25.00	强夷
ORDER DATE: March 19, 2007	ASSEE TO
ORDER TIME : 11:01 AM	M 9: 39 SEE. FLOR
ORDER NO. : 808068-785	RIDA
CUSTOMER NO: 7452534	
<u>CHANGE OF AGENT</u>	:
NAME: HCP RP1-VB, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

CERTIFIED COPY
PLAIN STAMPED COPY

STAREMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

В ,	· •) - · - · · · · · · ·					
1. The name of the limite	d liability company i	s: HCP RP1-V	VB, LLC			
2. The mailing address of	the limited liability	company is:				
420 South Orange Avenue, Su	ite 500, Orlando, FL 328	801				
T 10,000			1,500,000,000,00			
January 13, 2003			M03000000126			
3. Date of filing/registrati	on in Florida		4. Document nu	mber		
5. The name of the register Florida Department of S		gistered office	e address as shown	on the records of the		
	A	my J. Patterson	· · · · · · · · · · · · · · · · · · ·	- 1. 0		
Name PS 2						
•	420 South (Orange Avenue,	Suite 500			
Address Orlando, FL 32801						
		lando, FL 3280		SSR		
	City	y, State and Z	ip	ma B		
6. The name and address of	of the new registered	agent and/or	office:	AM 9: 39 SSEE FLORI		
	Corporat	ion Service Con	прапу	39 ORIO		
		Name		P		
	12(01 Hays Street	·			
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
	City,	State and Zip)			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authorize	ange or changes are the registered agent veby confirmed that the ited liability compant of the limited liability.	made, the Flowill be identione change(s) yor as otherwity company.	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited ed by an affirmative vote		
Brian J. Maas, Aut (Printed or typed name of signee)	norized Person of Partnuis, UP,	f HCP Solellimbe	, ሚ			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to (Signature of Registered Agent) M	· Wanner	agent and ag ve to the prop ns of my posi filed to mere ity company	ree to act in this ca eer and complete p tion as registered d ly reflect a change has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office n writing of this change.		
(Signature of Registered Agent) M	lichelle R. Vannoy, As	VP				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00