

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001287

Entity Name: HCP MOP A PACK GP, LLC

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

3760 KILROY AIRPORT WAY
SUITE 300
LONG BEACH, CA 90806

New Principal Place of Business:

Current Mailing Address:

420 S. ORANGE AVE
SUITE 500
ORLANDO, FL 328013336

New Mailing Address:

3760 KILROY AIRPORT WAY
SUITE 300
LONG BEACH, CA 90806

FEI Number: 20-0960775

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: D () Delete
Name: HENNING, EDWARD J
Address: 3760 KILROY AIRPORT WAY SUITE 300
City-St-Zip: LONG BEACH, CA 90806

Title: CEO (X) Delete
Name: FLAHERTY, JAMES F
Address: 3760 KILROY AIRPORT WAY SUITE 300
City-St-Zip: LONG BEACH, CA 90806

Title: CFO (X) Delete
Name: WALLACE, MARK
Address: 3760 KILROY AIRPORT WAY SUITE 300
City-St-Zip: LONG BEACH, CA 90806

Title: S (X) Delete
Name: HENNING, EDWARD J
Address: 3760 KILROY AIRPORT WAY SUITE 300
City-St-Zip: LONG BEACH, CA 90806

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HENNING, EDWARD J
Address: 3760 KILROY AIRPORT WAY SUITE 300
City-St-Zip: LONG BEACH, CA 90806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDWARD J. HENNING

MGR

03/13/2009

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