2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# M04000005178

Entity Name: MOB/BAY-1 OF FLORIDA, LLC

Current Principal Place of Business:

C/O HEALTH CARE PROPERTY INVESTORS, INC.
3100 WEST END AVENUE, SUITE 800
NASHVILLE, TN 37203

New Principal Place of Business:

C/O HCP, INC.
3100 WEST END AVENUE, SUITE 800
NASHVILLE, TN 37203

Current Mailing Address:

C/O HEALTH CARE PROPERTY INVESTORS, INC.
3100 WEST END AVENUE, SUITE 800
NASHVILLE, TN 37203

New Mailing Address:

C/O HCP, INC.
3100 WEST END AVENUE, SUITE 800
NASHVILLE, TN 37203

FEI Number: 20-1920736 **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 ( ) Delete
Name: HCP MEDICAL OFFICE P, ORTFOLIO, LLC
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203

ADDITIONS/CHANGES:

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: ANGELA M. PLAYLE VP 01/09/2008

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