

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004843

Entity Name: HCP AL OF FLORIDA, LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

C/O HEALTH CARE PROPERTY INVESTORS, INC.
3760 KILROY AIRPORT WAY
LONG BEACH, CA 90806

Current Mailing Address:

C/O HEALTH CARE PROPERTY INVESTORS, INC.
3760 KILROY AIRPORT WAY
LONG BEACH, CA 90806

New Principal Place of Business:

C/O HEALTH CARE PROPERTY INVESTORS
3760 KILROY AIRPORT WAY STE 300
LONG BEACH, CA 90806

New Mailing Address:

C/O HEALTH CARE PROPERTY INVESTORS, INC.
3760 KILROY AIRPORT WAY STE
LONG BEACH, CA 90806

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: HEALTH CARE PROPERTY, INVESTORS, IN C .
Address: 3670 KILROY AIRPORT WAY
City-St-Zip: LONG BEACH, CA 90806

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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

D

04/18/2007

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