2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# M05000004843

Entity Name: HCP AL OF FLORIDA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:	D	( ) Delete
Name:	HENNING, EDWARD J	
Address:	3760 KILROY AIRPORT WAY STE 300	
City-St-Zip:	LONG BEACH, CA 90806	
Title:	CEO	( ) Delete
Name:	FLAHERTY, JAMES F	
Address:	3760 KILROY AIRPORT WAY STE 300	
City-St-Zip:	LONG BEACH, CA 90806	
Title:	CFO	( ) Delete
Name:	WALLACE, MARK	
Address:	3760 KILROY AIRPORT WAY STE 300	
City-St-Zip:	LONG BEACH, CA 90806	
Title:	S	( ) Delete
Name:	HENNING, EDWARD J	
Address:	3760 KILROY AIRPORT WAY STE 300	
City-St-Zip:	LONG BEACH, CA 90806	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 04/18/2008

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