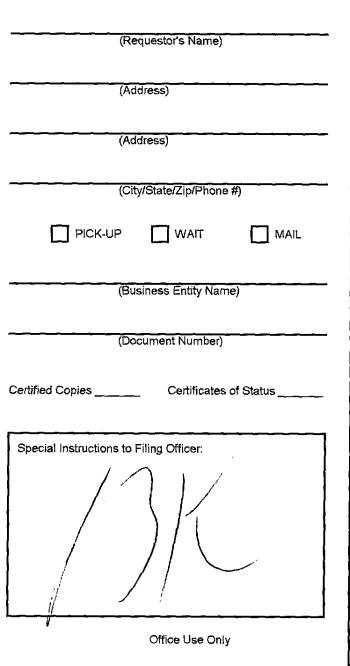
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ACCOUNT NO. : 072100000032

REFERENCE

681326 4306440

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: October 31, 2005

ORDER TIME : 4:36 PM

ORDER NO. : 681326-010

CUSTOMER NO: 4306440

FOREIGN FILINGS

NAME: HCP PENSACOLA MOB GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

Story Williams

PIZATION TO PAR

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. HCP PEN	NSACOLA MOB GP, LLC		216		
	•	Foreign Limited Lia	only Company)		
	on under the law of which foreign s organized)	3. limited liability	(FEI number,	if applicable)	05
October:	• ,	5.	Perpetual		2
•	(Date of Organization)		(Duration: Year limited liab exist or "perpetual")	oility company will on	se to
•	(Date first transac (See sections 608.5	ted business in Floric 01 & 608.502 F.S. to	a, if prior to registration.) determine penalty liability)	,	100 E
3760 Kiln	oy Airport Way, Suite 300, Lor	ng Beach, California	90806		
		(Street Address of	Principal Office)	····	
If limited	d liability company is a mar	nager-managed co	mpany, check here 🗌		
The nam	ne and usual business addres	sses of the managi	ng members or manager	s are as follows:	
HCP Bin	mingham Portfolio, LLC			··· <u>·····</u>	
3760 Kil	roy Airport Way, Suite 300, Lo	ng Beach, Californi	90806		··-··
e jurisdiction	s an original certificate of existence under the law of which it is organ he certificate under oath of the trans	ized. (A photocopy is:	not acceptable. If the certificate		
. Nature	of business or purposes to b	e conducted or pr	omoted in Florida: Own	ership, operation, lea	ise,
managem	ent and maintenance of prope	rty interests both re	al and personal located in	the State of Florida	·
	i bar	Mirgan			
	(In accordance with se	ction 608,408(3), F.S., t	rized representative of a he execution of this document of that the facts stated herein are tru	onstitutes	
		ithorized Represent			
	T	ped or printed na	ne of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: HCP PENSACOLA MOB GP, LLC						
lress of the registered agent and office are:						
mpany (Name)						
1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE)						
FI_ 32301 City/State/Zip						
1						

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. Corporation Service Company

By: Camela asconpton
(Signature)

Pamela L. Simpson, Authorized Representative

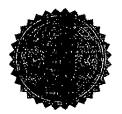
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCP PENSACOLA MOB GP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2005.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "HCP PENSACOLA MOB GP, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2005.



Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4263968

DATE: 10-31-05

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