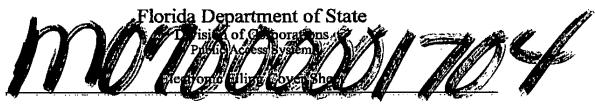
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000075586 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0383

From: Waria Account Name

Dauglash - Direct Wial -407-418-678 : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036

Phone

(407) 843-4600

Fax Number

(407) 843-4444

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HCP ENC1 Florida, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

H070000755863

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. HCP ENC1 Florida, LLC (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual 01/24/2005 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") .Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3760 Kilroy Airport Way, Suite 300 Long Beach, California 90806 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: HCP Partners, LP, 3760 Kilroy Airport Way, Suite 300, Long Beach, California 90806 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Owner/lessor of commercial real property

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Elicated J. Henning

Typed or printed name of signet

H070000755863

H070000755863

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.

| . The name a | nd the Florida street address of the registered agent and office are: | | | • | :. , |
|-----------------|---|------|---|----------|----------|
| | Corporation Service Company | | | | |
| | (Name) | | | • | , · • |
| * | 1201 Hays Street | | | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | TA CO | _ | |
| | Tallahassee FL 32301 | | T AL | 07 MJ | Care |
| | Chy/State/Zip | | NS AN | MAR 22 | 1-E-2007 |
| | • | | 33.25 E. 25 E. 25 | ~ | i Week |
| | amed as registered agent and to accept service of process for the above stated li ny at the place designated in this certificate, I hereby accept the appointment as | | | E | A LUCKA |
| | | | STATE | <u>ج</u> | ATTENDED |
| igent and agree | e to act in this capacity. I further agree to comply with the provisions of all stat proper, and complete performance of my duties, and I am familiar with and acce | uicy | | الريشي | 31 72 |

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

Delaware

H070000755863

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCP ENCI FLORIDA, 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 TWENTIETH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BREN PAID TO DATE.

AND I DO HERRBY FURTHER CERTIFY THAT THE SAID "HCP ENC1 FLORIDA, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2005.



070337919



AUTHENTICATION: 5521778

DATE: 03-20-07

H070000755863