

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000005548

**FILED**  
**Mar 20, 2010**  
**Secretary of State**

**Entity Name:** NNN HEALTHCARE/OFFICE REIT E FLORIDA LTC, LLC

**Current Principal Place of Business:**

1551 N. TUSTIN AVE., SUITE 200  
SANTA ANA, CA 92705

**New Principal Place of Business:**

16427 N SCOTTSDALE RD  
SUITE 440  
SCOTTSDALE, AZ 85254

**Current Mailing Address:**

1551 N. TUSTIN AVE., SUITE 200  
SANTA ANA, CA 92705

**New Mailing Address:**

16427 N SCOTTSDALE RD  
SUITE 440  
SCOTTSDALE, AZ 85254

**FEI Number:** 20-0896161      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

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: KELLIE PRUITT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HEALTHCARE TRUST OF AMERICA HOLDINGS LP  
**Address:** 16427 N SCOTTSDALE RD, SUITE 440  
**City-St-Zip:** SCOTTSDALE, AZ 85254

I hereby 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: KELLIE PRUITT

TREA

03/20/2010

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