Division of Corporations Electronic Filing Cover Sheet

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.

(((H10000230854 3)))



H100002308543ABCX

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM E-SUBNIT

Account Number : FCA000000023

Fax Number

: (850) 222-1 Pease retain original filing

**Enter the email address for this business enti annual report mailings. Enter only one email address please. **

Email	Address		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN G&E HEALTHCARE REIT MEDICAL PORTFOLIO 1, LLC

Certificate of Status	0
Certified Copy	1
Page Count	156
Estimated Charge	\$55.00

T. HAMPTON

OCT 2 6 2010

EXAMINER

COVER LETTER

	Negistration Division of (Section Corporations				
SUBJE	CT:	G&E Healthcare RE	T Medical	Portfolio	1, LLC	
. – – – –	· <u>-</u>	(Name of Foreign L	imited Liabil	lity Compan	y)	
Dear Sir	or Madam:					
The enc	losed applic	ation, certificate and fee(s)	ire submitted	for filing.		
Please re	eturn all cor	respondence concerning this	matter to the	following:		
		Kellie S. Pruitt				
		(Name of Person)				
	Healthc	are Trust of America, l	nc.			
		(Firm/Company)				
	16435 N. S	Scottsdale Road, Suite	320		·	
		(Address)				
	Sc	ottsdale, AZ 85254				
		(City/State and Zip Code))	•		
For furti	ner informat	ion concerning this matter, i	please call:			
	Kellie	S. Pruitt	(_480)	998.3478		
	(Мап	ne of Person) (Area Code &	Daytime To	elephone Number)	
S	STREET/C	OURIER ADDRESS:			G ADDRESS:	
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			Registration Section			
			Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclose	d is a check	for the following amount	ŀ			
□ \$25 F	iling Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filia Certified		☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

October 22, 2010

FLORIDA DEPARTMENT OF STATE

GAE HEALTHCARE REIT MEDICAL PORTFOLIO 1, LLC 16427 N SCOTTSDALE RD SUITE 440 SCOTTSDALE, AZ 85254

SUBJECT: GAE HEALTECARE REIT MEDICAL PORTFOLIO 1, LLC

REF: M08000000174

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II FAX Aud. #: H10000230854 Letter Number: 210A00024989

FECEIVED

FOOT 22 AM 9: 43

SECRETARY OF STATE

S

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

SECTION I (1-3 must be completed)

1	Name of limited liability company as it appears on the records of the Florida Department of State: G&E Healthcare REIT Medical Portfolio 1, LLC				
2	Jurisdiction of its organization: Delaware				
3	Date authorized to do business in Florida: January 11, 2008				
	SECTION II (4-7 complete only the applicable changes)				
4	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? October 27, 2009				
5.	. New name of the limited liability company: HTA - Medical Portfolio 1, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")				
È th O	f name unavailable, enter alternate name adopted for the purpose of transacting business in lorida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") If the amendment changes the period of duration, indicate new period of duration:				
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:				
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:				
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.				

Filing Fee: \$25.00

Typed or printed name of signee

See attached signature page

Signature of a member or the authorized representative of a member

SIGNATURE PAGE

APPLICATION by FOREIGN LIMITED LIABILITY COMPANY to FILE AMENDMENT to APPLICATION for AUTHORIZATION to TRANSACT BUSINESS in FLORIDA

G&E HEALTHCARE REIT MEDICAL PORTFOLIO 1, LLC

Sole Member:

Healthcare Trust of America Holdings, LP,

a Delaware limited partnership

By: Healthcare Trust of America, Inc., a Maryland corporation, its General Partner

By:

Kellie S. Pruitt, Chief Financial Officer

IN OCT 21 AM F: ST

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GGE HEALTHCARE REIT MEDICAL PORTFOLIO 1, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HTA - MEDICAL PORTFOLIO 1, LLC", THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2009, AT 8 O'CLOCK A.M.

4484609 8320

101016601

You may verify this certificate online at corp. delaware.gov/authour.shtml

Jenney W. Bullock, Secretary of State

THENTY CATION: 8303430

DATE: 10-21-10