

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HTA - MEDICAL PORTFOLIO 1, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

T. HAMPTON

OCT 28 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HTA - Medical Portfolio 1, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kellie S. Pruitt

Name of Person

Healthcare Trust of America, Inc.

Firm/Company

16435 N. Scottsdale Road, Suite 320

Address

Scottsdale, AZ 85254

City/State and Zip Code

kelliepruitt@htarelt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kellie S. Pruitt

Name of Person

at (480) 998.3478

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HTA - Medical Portfolio 1, LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on January 11, 2008
and its Florida document/registration number is M08000000174

4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Healthcare Trust of America Holdings, L.P.
16435 N. Scottsdale Road, Suite 320
Scottsdale, AZ 85254

Required Signature: *See attached signature page*

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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DIVISION OF CORPORATIONS

SIGNATURE PAGE
to
FLORIDA AFFIDAVIT ~~to~~ CHANGE MANAGER(S) ~~or~~ MANAGING MEMBER(S)
of
HTA – 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
Kellie S. Pruitt, Chief Financial Officer

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