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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
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EXAMINER

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SECRETARY OF STATE



ACCOUNT	NO.	:	0
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O.: 072100000032

REFERENCE : 512003 7452534

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : April 2, 2008

ORDER TIME : 1:45 PM

ORDER NO. : 512003-165

CUSTOMER NO: 7452534

FOREIGN FILINGS

NAME: HCP PINELLAS PARK, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF ELORIDA.

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	TATE OF FLORIDA:
1. HCP Pinellas Park, LLC	
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2 Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. April 1, 2008 5. (Date of Organization)	Perpetual For 8
(Date of Organization)	(Duration: Year limited liability company withceast or exist or "perpetual")
6. (Date first transacted business in Flori	de if prior to registration
(See sections 608.501 & 608.502 F.S. t	o determine penalty liability)
7	<u></u> :
3760 Kilroy Aiport Way, Suite 300, Long Bo	
(Street Address of	Principal Office)
B. If limited liability company is a manager-managed c	ompany, check here
9. The name and usual business addresses of the manag	ging members or managers are as follows:
FAEC Holdings (EP), LLC, a Delaware limi	ted liability company
3760 Kilroy Aiport Way, Suite 300, Long Bo	each, CA 90806
10. Attached is an original certificate of existence, no more than 90 da the jurisdiction under the law of which it is organized. (A photocopy ranslation of the certificate under oath of the translator must be submit	is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida: Ownership, operation
and development of real estate.	
Blin 1 1	Van
(In accordance with section 608.408(3), F.S.	
an affirmation under the penalties of perjur Brian J. Maas, Senior Vice	
Typed or printed r	

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 nan	ne of the Limited Liability Comp	pany is:			
HCP Pinellas Park, LLC If name unavailable, the alternate name to be used in the state of Florida is:					
	Corporation Service Co	ompany			
		(Name)			
	1201 Hays Street				
	Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301			
		City/State/Zip			
liability con agent and a relating to t obligations	npany at the place designated in the gree to act in this capacity. I furt the proper and complete performa				
	\$ 100.00				
	\$ 25.00 \$ 30.00				
	\$ 5.00	• • • •			

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCP PINELLAS PARK, 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 THIRD DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HCP PINELLAS PARK, LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4528126 8300

080386986

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 6497438

DATE: 04-03-08

Variet Smile Hindson

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