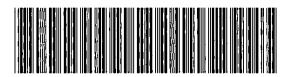
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
		}		

Office Use Only



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B. KOHR

APR - 3 2008

EXAMINER



ACCOUNT NO. : 072100000032 REFERENCE : 512003 7452534 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: April 2, 2008 ORDER TIME : 1:15 PM ORDER NO. : 512003-150 CUSTOMER NO: 7452534 FOREIGN FILINGS NAME: HCP ST. AUGUSTINE, 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		le "Limited Liability Company," "L.L.C.," or "LLC.")  e of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the Company," "L.L.C.," "LLC.")	alten	nate name. The alternate name must include "Limited Liability
2. Delaware	3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	ty	(FEI number, if applicable)
4. April 1, 2008	5.	Perpetual
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in (See sections 608.501 & 608.502	Flor	rida, if prior to registration.) to determine penalty liability)
7		7 7
3760 Kilroy Aiport Way, Suite 300, Lon	_	each, CA 90806
(Street Addr	ess o	f Principal Office)
3. If limited liability company is a manager-manager.		2 <b>5</b>
9. The name and usual business addresses of the m		17
FAEC Holdings (EP), LLC, a Delaware	lim	ited liability company
3760 Kilroy Aiport Way, Suite 300, Lon	gВ	each, CA 90806
10. Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A photogranslation of the certificate under oath of the translator must be s	сору	
1. Nature of business or purposes to be conducted	i or	promoted in Florida: Ownership, operation
and development of real estate.		
K Sian	, (	1 Usa
(In accordance with section 608.408(3	), F% perius	horized representative of a member.  5., the execution of this document constitutes  by that the facts stated herein are true.)
Brian J. Maas, Senior V	ice	President of FAEC Holdings (EP), LLC
Typed or prin	ted:	President of FAEC Holdings (EP), LLC name of signee its sole member

### 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 name of the Limited Liability Company is:
HCP St. Augustine, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and 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)
Tallahassee FL 32301
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.  Corporation Service Company  Jeanine Reynolds  (Signature)  As its agent
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)
\$ 50.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCP ST. AUGUSTINE, 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 ST.

AUGUSTINE, 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.

4528132 8300

080387013
You may verify this certificate online at corp.delaware.gov/authver.shtml

Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6497639

DATE: 04-03-08