MO8 000003869

(Requestor's Name)	•		
	•		
(Address)			
(Address)	•		
(City/State/Zip/Phone #)			
(Oity/Otate/21p/1 Hone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	•		
(Document Number)			
Certified Copies Certificates of Status			
	•		
Special Instructions to Filing Officer:			
HURRUUUY 7	ĺ		
17,084,000			

Office Use Only



500134418245

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALL AHASSEE, FLORIDA

RECEIVED

152

B. KOHR

AUG 2 5 2008

EXAMINER

OR AUG 21 PM 3: 45
ALLAHASSEE, FLORINA



ACCOUNT NO. : 07210000032 REFERENCE : 694505 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: August 20, 2008 ORDER TIME : 9:14 AM ORDER NO. : 694305-045 CUSTOMER NO: 7452534 FOREIGN FILINGS NAME: HCP DELRAY BEACH, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Debbie Skipper -- EXT# 2948

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:

1. HCP Delray Beach, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
2. Delaware 3.				
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)				
4. OS/20/2008 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")				
6				
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 3760 Kilroy Airport Way, Suite 300, Long Beach, CA 90806-2473				
7. 3760 Kilroy Airport Way, Suite 300, Long Beach, CA 90806-2473				
7. 3760 Kilroy Airport Way, Suite 300, Long Beach, CA 90806-2473				
(Street Address of Principal Office)				
8. If limited liability company is a manager-managed company, check here				
9. The name and usual business addresses of the managing members or managers are as follows				
HCP Brofin Holdings, LLC, a Delaware limited liability company				
3760 Kilroy Airport Way, Suite 300, Long Beach, CA 90806-2473				
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)				
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate				
Shin A Mary				
Signature of a member or an authorized representative of a member.				
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				
Brian J. Maas, Authorized Person				

Typed or printed name of signee

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 Delra	y Beach, LLC, a Dela	aware limited liability company
If name unav	ailable, the alternate nam	ne to be used in the state of Florida is:
2. The name	and the Florida street ad	dress of the registered agent and office are:
	Corporation Servi	ce Company
		(Name)
	1201 Hays Street	
	Florida Stro	eet Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee	FL 32301
		City/State/Zip
liability comp agent and agr relating to the obligations of Corporatio	eany at the place designate ree to act in this capacity. It proper and complete per	t and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as register. I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the l agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Asst. V. Pres.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HCP DELRAY BEACH, 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 TWENTY-FIRST DAY OF AUGUST, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HCP DELRAY BEACH, LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2008.

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

4590279 8300

080889362

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6806379

DATE: 08-21-08

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