ACCOUNT NO.

072100000032

REFERENCE

209060

AUTHORIZATION

COST LIMIT

ORDER DATE: April 16, 1999

ORDER TIME :

2:28 PM

ORDER NO. : 209060-050

900002873169-

CUSTOMER NO:

4304950

CUSTOMER:

Sue M. Goyette, Paralegal

Nutter, Mcclennen & Fish

One International Pl

Boston, MA 02110-2699

FOREIGN FILINGS

NAME:

MEDITRUST ACOUISITIION COMPANY

LLC

XXXX QUALIFICATION

(TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

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. <u>Me</u> ditr	rust Acquisition Company LLC			75.
"		ne of foreign limi	ted liability company)	P. F. S.
2. Delawa	re	4	applying for	T
(Jurisdi compar	ction under the law of which foreign lines is organized)		(FEI number, if appli	icable)
4. April	19, 1999	5	. perpetual	
	(Date of Organization)		(Duration: Year limited liability co exist or "perpetual")	mpany will cease
5. <u>Eff</u> e	ctive upon filing.			
	(Date first transacted business i	n Florida. (See se	ctions 608.501, 608.502, and 817.155,	F.S.)
. <u>197 f</u>	irst Avenue, Needham, MA 0249	4		
	The state of the s			
	(Street address of 1	principal office)	
List nan	ne, title, and business address of	each managing	g member[MGRM] or manager	[MGR]who
List nan will mar	ne, title, and business address of nage the foreign limited liability	each managing company in Fl	g member[MGRM] or manager orida: (attach additional page if	[MGR]who necessary)
List nan will mar	nage the foreign limited liability	company in Fl	orida: (attach additional page if	necessary)
List nan will mar	ne, title, and business address of nage the foreign limited liability of NAME & ADDRESS:	each managing company in Fl	g member[MGRM] or manager orida: (attach additional page if NAME & ADDRESS:	[MGR]who necessary)
List nan will mar	nage the foreign limited liability	company in Fl	orida: (attach additional page if	necessary)
List nan will mar	nage the foreign limited liability of NAME & ADDRESS:	company in Fl	orida: (attach additional page if	necessary)
List nan will mar	NAME & ADDRESS: David F. Benson, Manager	company in Fl	orida: (attach additional page if	necessary)
List nan will mar	NAME & ADDRESS: David F. Benson, Manager 197 First Avenue	company in Fl	orida: (attach additional page if	necessary)
List nan will mar	NAME & ADDRESS: David F. Benson, Manager 197 First Avenue	company in Fl	orida: (attach additional page if	necessary)
List nan will mar	NAME & ADDRESS: David F. Benson, Manager 197 First Avenue	company in Fl	orida: (attach additional page if	necessary)
List nan will mar	NAME & ADDRESS: David F. Benson, Manager 197 First Avenue	company in Fl	orida: (attach additional page if	necessary)
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List nan will mar	NAME & ADDRESS: David F. Benson, Manager 197 First Avenue	company in Fl	orida: (attach additional page if	necessary)
List nan will mar	NAME & ADDRESS: David F. Benson, Manager 197 First Avenue	company in Fl	orida: (attach additional page if	necessary)
List nan will mar	NAME & ADDRESS: David F. Benson, Manager 197 First Avenue	company in Fl	orida: (attach additional page if	necessary)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of		<u> </u>
Meditrust Acquisition Company LLCcertifies:		(S)
1) the above named limited liability company has at least one member;		
2) the total amount of cash contributed by the member(s) is	\$	D
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$	G
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$	D
Dan E Ru		
Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	er.	
David F. Benson, Manager Typed or printed name of signee		

Filing Fee: \$250.00 for Application and Affidavit

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

1. The name of the Limited Liability Company is: Meditrust Acquisition Company LLC				
2.	The name and the Florida street address of the registered agent and office are:			
	Corporation Service Company (Name)			
	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.

By: Caller Jelen Lethial, Just Vice Resident

FLORIDA.

Filing Fee: \$ 35 for Designation of Registered Agent

PAGE 1

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDITRUST ACQUISITION COMPANY 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 FIFTH DAY OF MAY, A.D. 1999.

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

3030832 8300 991178753



9726901

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: