

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400007153

**Entity Name:** HTA-MCMULLEN, LLC

**Current Principal Place of Business:**

16435 NORTH SCOTTSDALE RD  
SUITE 320  
SCOTTSDALE, AZ 85254

**Current Mailing Address:**

16435 NORTH SCOTTSDALE RD  
SUITE 320  
SCOTTSDALE, AZ 85254 US

**FEI Number:** 36-4791386

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CFO  
Name MILLIGAN, ROBERT  
Address 16435 NORTH SCOTTSDALE RD  
City-State-Zip: SCOTTSDALE AZ 85254

Title MGMR  
Name HEALTHCARE TRUST OF AMERICA HOLDINGS, LP  
Address 16435 NORTH SCOTTSDALE RD SUITE 320  
City-State-Zip: SCOTTSDALE AZ 85254

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT MILLIGAN

CFO

04/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date