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	CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton CORPORATION(S) NAME	E	38 DEC 15 FN 3: 39	CH OF STA
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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:

2. Delaware		fnot so contained in the name at pr	esent.)	36 Add
(Jurisdiction under the law of wh company is organized)			pplicable)	SECRET
4. December 14, 1998	5	Perpetual		ज हुई
(Date of Organizati	on)	(Duration: Year limited liability	company will	
		cease to exist or "perpetual")		မှ နိန္ဓ
6. Upon Formation				3.9. HOH 1.E.
(Date first transacte	d business in Flori	da. (See sections 608.501, 608.502	2 and 817.155, F.	S.) «
7. HealthCare Financial Par	rtners REIT (Nisconsin Circle Ath F	loor Chevy	
, and another a minimum and a		2 MIDOUNDIN CITCIC, 4th L	1001) Chevy	
Chase, Maryland 20815				
	(Street add	dress of principal office)		
List name, title, and business will manage the foreign limit	address of each ted liability com	managing member [MGRM] opany in Florida: (attach additi	or manager [Moonal page if ne	GR] who cessary)
 List name, title, and business will manage the foreign limit NAME & ADDRESS: 	address of each ted liability comp	managing member [MGRM] of pany in Florida: (attach additi NAME & ADDRESS:	or manager [Moonal page if ne	GR] who cessary)
will manage the foreign limit	ted liability com	pany in Florida: (attach additi	onal page if ne	GR] who cessary)
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will manage the foreign limit NAME & ADDRESS:	ted liability com	pany in Florida: (attach additi	onal page if ne	GR] who cessary)

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Addendum

HCFP REIT Operating Partnership, L.P.
 Manager
 HealthCare Financial Partners REIT
 2 Wisconsin Circle
 4th Floor
 Chevy Chase, Maryland 20815

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Jorden Holdin	gs II LLC
certifies:	
one 1) the above named limited liability company has at least *** members;	SLCKETY DIANSTANCE 30 DEC 18
2) the total amount of cash contributed by the member(s) is	\$ 100,000
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.)	\$ 0.60 (ATOMS
 and 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.) 	\$ 100.00
Signature of a member or authorized representative of a memb (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.
See 1 in Addendum Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

Addendum

1. HCFP REIT Operating Partnership, L.P., a Delaware limited partnership; BY: HealthCare Financial Partners REIT, Inc., a Maryland corporation, its General Partner; BY: Miriam M. Leder, Vice President

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:		
	Jorden Holdings II LLC	98 D	MUSEUM BOSS
2.	The name and the Florida street address of the registered agent and office are:	EC 15 PH	
	C T CORPORATION SYSTEM (Name)		S IATE
	Florida street address (P.O. Box NOT ACCEPTABLE)		
	Plantation FL 33324 (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.

C T CORPORATION SYSTEM

(SignREVIN J. GALLAGHER
ASSISTANT VICE PRESIDENT

Filing Fee: \$35 for Designation of Registered Agent

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JORDEN HOLDINGS II 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 FOURTEENTH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

VISION OF COMPORATIONS

Edward J. Freel, Secretary of State

AUTHENTICATION:

9459266

DATE:

12-14-98

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