


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001510**

JORDEN HOLDINGS III LLC  
C/O HEALTHCARE FINANCIAL PARTNERS REIT  
2 WISCONSIN CIRCLE, 4TH FLOOR  
CHEVY CHASE MD 20815

1a. Principal Place of Business Address

C/O HEALTHCARE FINANCIAL PAR  
2 WISCONSIN CIRCLE, 4TH FLOOR  
CHEVY CHASE MD 20815

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

12/15/1998

DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

2/24/99

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

HCFF REIT OPERATING PA 2 WISCONSIN CIRCLE, 4TH FL CHEVY CHASE MD

000002821080--5

-03/26/99--01134--022

\*\*\*\*188.75 \*\*\*\*188.75

SL  
3-24-99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNED MANAGING MEMBER FROM BLOCK 10

2/24/99

301-6549371