

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M98000001510		01 NOV 13 PM 12:17	
1. Limited Liability Company's Name Jorden Holdings III LLC		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address 1133 Connecticut Ave, NW Suite 620 Washington, DC 20036 USA		3. Mailing Office Address 1133 Connecticut Ave, NW Suite 620 Washington, DC 20036 USA	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 12/15/98	
6. FEI Number 52-2134854		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name CT Corporation System		10000469504	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		-11/27/01--01045-024 ***155.00 ***155.00	
Suite, Apt. #, Etc.			
City Plantation		State FL Zip Code 33324	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent [Signature]		Date 11/12/01	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HCFP REIT Operating Partnership, L.P., Manager	1133 Connecticut Ave, NW Suite 620	Washington DC 20036
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager [Signature]		Date 11/09/01 Daytime Phone # (202) 429-5200	
Typed or printed name of signing Managing Member/Manager Edward P. Nordberg, CEO			

CR2E041 (9/00)