

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 23, 2002 8:00 am
Secretary of State

06-23-2002 90505 023 ****55.00

DOCUMENT # M98000001510

1. Entity Name

JORDEN HOLDINGS III LLC

Principal Place of Business

**1133 CONNECTICUT AVE., NW SUITE 620
WASHINGTON DC 20036**

Mailing Address

**1133 CONNECTICUT AVE., NW SUITE 620
WASHINGTON DC 20036**

2. Principal Place of Business

4445 Willard Avenue

Suite, Apt. #, etc.

11th Floor

3. Mailing Address

4445 Willard Avenue

Suite, Apt. #, etc.

11th Floor

City & State

Chevy Chase, MD

City & State

Chevy Chase, MD

Zip

20815

Country

USA

Zip

20815

Country

USA

4. FEI Number

52-2134854

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HCFP REIT OPERATING PARTNERSHIP, L.P.	
STREET ADDRESS	1133 CONNECTICUT AVE., NW SUITE 620	
CITY-ST-ZIP	WASHINGTON DC 20036	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4445 Willard Avenue, 11th Floor	
CITY-ST-ZIP	Chevy Chase, Maryland 20815	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I 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 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.

SIGNATURE:

Edward P. Nordberg, Jr., CEO of Medical Office Properties, Inc., General Partner of HCFP-REIT

June 11, 2002 (301) 941-1660