

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90130 037 \*\*\*\*55.00

**DOCUMENT # M98000001510**

1. Entity Name

**JORDEN HOLDINGS III LLC**



Principal Place of Business

**4445 WILLARD AVE  
11TH FLOOR  
CHEVY CHASE MD 20815**

Mailing Address

**4445 WILLARD AVE  
11TH FLOOR  
CHEVY CHASE MD 20815**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2134854**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **HCFP REIT OPERATING PARTNERSHIP, L.P.**  
STREET ADDRESS **4445 WILLARD AVE 11TH FL**  
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Medical Office Properties**  
STREET ADDRESS **Operating Partnership, L.P.**  
CITY-ST-ZIP **4445 Willard Avenue, Suite 1100**  
**Chevy Chase, MD 20815**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

**SEAN P. MURPHY**, Executive Vice President of Medical Office Properties, Inc., General Partner of Medical Office Properties Operating Partnership, L.P.,  
Manager of Jorden Holdings III LLC

Date **Apr 11, 2003**

Daytime Phone **301 941 1690**