

2000 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
DI CORPORATIONS

0013135 AF

DOCUMENT # M98000001511

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1. Entity Name

JORDEN HOLDINGS IV LLC

Principal Place of Business

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

Mailing Address

C/O HEALTHCARE FINANCIAL PARTNERS REIT
2 WISCONSIN CIRCLE, 4TH FLOOR
CHEVY CHASE MD 20815-7003



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

52-2134855 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME HCFCP REIT OPERATING PARTNERSHIP, L.P.
STREET ADDRESS 2 WISCONSIN CIRCLE, 4TH FLOOR
CITY- ST- ZIP CHEVY CHASE MD 20815

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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CHRIS SCARDELLI 1/26/2010 301-347-3768
Date Daytime Phone #

CR2E083 (9/99)