


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED NOV 13 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # M98000001511 1. Limited Liability Company's Name Jordan Holdings IV LLC					
2. Principal Office Address 1133 Connecticut Ave, NW Suite, Apt. #, etc. Suite 620 City & State Washington, DC Zip 20036 Country USA		3. Mailing Office Address 1133 Connecticut Ave, NW Suite, Apt. #, etc. Suite 620 City & State Washington, DC Zip 20036 Country USA		4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida 12/15/98 6. FEI Number 52-2134855 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 300004695043--9 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road -11/27/01--01045--025 Suite, Apt. #, Etc. ***155.00 *** 55.00 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 # (702) 429-5200 Typed or printed name of signing Managing Member/Manager Edward P. Nordberg, CEO					

CR2ED01 (9/00)