

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

06-23-2002 90505 025 \*\*\*\*55.00

**DOCUMENT # M98000001511**

1. Entity Name

**JORDEN HOLDINGS IV 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**

3. Mailing Address

**4445 Willard Avenue**

Suite, Apt. #, etc.

**11th Floor**

Suite, Apt. #, etc.

**11th Floor**

City &amp; State

**Chevy Chase, MD**

City &amp; State

**Chevy Chase, MD**

Zip

**20815**

Country

**USA**

Zip

**20815**

Country

**USA**

4. FEI Number

**52-2134855**

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

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

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

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

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

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

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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STREET ADDRESS		
CITY-ST-ZIP		

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.**

June 11, 2002 (301) 941-1660

**Edward P. Nordberg, Jr., CEO of Medical Office Properties, Inc., General Partner of HCFP REIT  
Operating Partnership, L.P., Manager of Jorden Holdings IV LLC**