

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

01 NOV 15 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001513

1. Limited Liability Company's Name

Jorden Holdings V LLC

REINSTATEMENT 2001

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

52-2134860

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

0000004702350-2

-12/03/01--01058--007

\*\*\*310.00 \*\*\*155.00

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

HCFP REIT Operating Partnership, L.P.  
By: Heath Care Financial Partners REIT, Inc.  
*[Signature]*

Date 11/09/01

Daytime Phone (202) 429-5200

Typed or printed name of signing Managing Member/Manager

Edward P. Nordberg, Jr., CEO

CR2001 (8/00)