## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jun 23, 2002 8:00 am Secretary of State DOCUMENT # , M98000001513 06-23-2002 90505 024 \*\*\*\*55.00 JORDEN HOLDINGS V LLC Principal Place of Business Mailing Address 1133 CONNECTICUT AVE., NW SUITE 620 1133 CONNECTICUT AVE., NW SUITE 620 WASHINGTON DC 20036 WASHINGTON DC 20036 2. Principal Place of Business 3. Mailing Address 4445 Willard Avenue 4445 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2134860 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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, 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change HCFP REIT OPERATING PARTNERSHIP, L.P. NAME NAME 4445 Willard Avenue, 11th Floor STREET ADDRESS 1133 CONNECTICUT AVE., NW SUITE 620 STREET ADDRESS CITY-ST-ZIP **WASHINGTON DC 20036** CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ... Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

June 11, 2002 (301) 941-1660 Edward P. Nordberg, Jr., CEO of Medical Office Properties, Inc., General Partner of HCFP REIT

SIGNATURE: