

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90094 033 ****55.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000001514

1. Entity Name
JORDEN HOLDINGS VI LLC



Principal Place of Business

~~4445 WILLARD AVE~~
~~11TH FLOOR~~
~~CHEVY CHASE, MD 20815~~

Mailing Address

~~4445 WILLARD AVE~~
~~11TH FLOOR~~
~~CHEVY CHASE, MD 20815~~

14024406



2. Principal Place of Business

2 N. Palafox St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip Country

32502 USA

6. Name and Address of Current Registered Agent

MCCRORY, SONDR
2 N. PALAFOX STREET
PENSACOLA, FL 32502

06092004 Chg-LLC CR2E083 (10/03)

4. FEI Number

52-2134861

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MEDICAL OFF. PROP. OPER. PART, L.P.
STREET ADDRESS 4445 WILLARD AVE, STE 1100
CITY-ST-ZIP CHEVY CHASE, MD 20815

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Scott J. Bell
STREET ADDRESS 2 N. Palafox St.
CITY-ST-ZIP Pensacola, FL 32502

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/14/04 850-430-0187