

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A22061  
**1. Entity Name**  
 GDHI Limited Partnership

**FILED**

01 APR 27 AM 11:50

**Principal Place of Business**  
 2800 Post Oak Blvd.  
 Suite 5000  
 Houston, TX 77056-6110

**Mailing Address**  
 2800 Post Oak Blvd.  
 Suite 5000  
 Houston, TX 77056-6123

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
 # 76-0053509

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CT Corporation System  
 1200 S. 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$1,963,835.00 **10. Amount of Capital Contributions in FLORIDA to date.** \_\_\_\_\_

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	Hines, Gerald
NAME	2800 Post Oak Blvd.
STREET ADDRESS	Houston, TX 77056
CITY-ST-ZIP	
DOCUMENT #	P18826
NAME	Hines Cons. Invests, Inc.
STREET ADDRESS	2800 Post Oak Blvd.
CITY-ST-ZIP	Houston, TX 77056
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200004213512--7
CITY-ST-ZIP	-05/11/01--01150--012
	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** Jeanine E. Hutchers **DATE:** 4/24/01 **Daytime Phone #:** 713-966-5436

CR2E003 (1/100)