


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # A22061				
1. Entity Name GDHI LIMITED PARTNERSHIP				
Principal Place of Business 2800 POST OAK BLVD. SUITE 5000 HOUSTON, TX 77056-6110		Mailing Address 2800 POST OAK BLVD. SUITE 5000 HOUSTON, TX 77056-6110		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				
9. Capital Contributions as Shown on record. \$1,963,835.00		10. Amount of Capital Contributions in FLORIDA to date.		
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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME		STREET ADDRESS	U00000120489 04/20/04-80012-001 526.25
STREET ADDRESS	2800 POST OAK BLVD.		CITY-ST-ZIP	
CITY-ST-ZIP	HOUSTON, TX			
DOCUMENT #	NAME		STREET ADDRESS	
STREET ADDRESS	P12826 HINES CONS. INVESTS, INC		CITY-ST-ZIP	
CITY-ST-ZIP	2800 POST OAK BLVD. HOUSTON, TX			
DOCUMENT #	NAME		STREET ADDRESS	
STREET ADDRESS			CITY-ST-ZIP	
CITY-ST-ZIP				
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STREET ADDRESS			CITY-ST-ZIP	
CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS	
STREET ADDRESS			CITY-ST-ZIP	
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 <i>Dan E. Hutchins</i>		VP/Asst. Secy. of Hines Consolidated Investments, Inc. - G.P.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #



02202004 Chg-LP CR2E003 (10/03)

4. FEI Number **76-0053509** Applied For Not Applicable

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

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