

2001 UNIFORM BUSINESS REPORT (UBR)

0016041 AF

DOCUMENT # A94000000205
 1. Entity Name
PINELLAS BAY VISTA PARTNERS, LTD.

FILED
 01 FEB 27 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: C/O HIGHWOODS/FLORIDA L.P., 3100 SMOKETREE COURT, SUITE 600, RALEIGH NC 27604
 Mailing Address: HIGHWOODS/FLORIDA. L.P., 3100 SMOKETREE CT., STE., 600, RALEIGH NC 27604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-3224948**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHANNES, DALE
 201 EAST PINE STREET, SUITE 475
 ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name: ~~MICHAEL BEALE~~
 Street Address (P.O. Box Number is Not Acceptable): **201 E PINE STREET, SUITE 475**
 City: **ORLANDO** FL Zip Code: **32801**

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: **MICHAEL BEALE, SVP 2/7/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$100.00**
 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 #	896000000487
NAME	HIGHWOODS/FLORIDA HOLDINGS, L.P.
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600
CITY-ST-ZIP	RALEIGH NC 27604
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	300003801659--9 -03/06/01--01017--002
STREET ADDRESS	***141.25 ***141.25
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: **MACK D. PRIDDY III 2/10/19-872-4924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)