


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Mar 04, 2004 08:00 AM
Secretary of State**

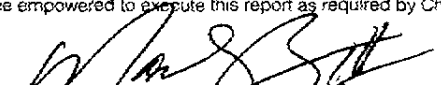
DOCUMENT # A9400000205					
1. Entity Name PINELLAS BAY VISTA PARTNERS, LTD.					
Principal Place of Business C/O HIGHWOODS/FLORIDA L.P. 3100 SMOKETREE COURT, SUITE 600 RALEIGH NC 27604			Mailing Address HIGHWOODS/FLORIDA L.P. 3100 SMOKETREE CT., STE., 600 RALEIGH NC 27604		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-3224948	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEALE, MICHAEL 201 EAST PINE STREET, SUITE 475 ORLANDO FL 32801			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$100.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	B9600000467		STREET ADDRESS		
NAME	HIGHWOODS/FLORIDA HOLDINGS, L.P.		CITY-ST-ZIP		
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600				
CITY-ST-ZIP	RALEIGH NC 27604				
DOCUMENT #			STREET ADDRESS	000000087465	
NAME			CITY-ST-ZIP	03/15/04-80013-010 141.25	
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MOORE CR2E003 (11/03)

STAPLE CHECK HERE

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. PRIGGEN III 2-23-04 919-872-4924