

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019249 MB

**DOCUMENT # A9400000205**

1. Entity Name  
**PINELLAS BAY VISTA PARTNERS, LTD.**



**FILED**

**03 MAY -7 PM 1:30**

**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

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

**DUE BY MAY 1, 2003**

|   |  |
|---|--|
| 4. FEI Number <b>59-3224948</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |   |  |
|--|---|--|
| 9. Capital Contributions as Shown on record. <b>\$100.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br/>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|--|---|--|

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>B9600000467<br/>HIGHWOODS/FLORIDA HOLDINGS, L.P.<br/>3100 SMOKETREE COURT, SUITE 600<br/>RALEIGH NC 27604</b> | STREET ADDRESS           |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | CITY-ST-ZIP              |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           | <b>800018316608</b>                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | CITY-ST-ZIP              | <b>05/07/03--01010--014 **141.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | CITY-ST-ZIP              |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>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:** *[Signature]* **SIGNATURE REQUIRED VICE PRESIDENT 4-28-03 919-872-4924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)