

2000 UNIFORM BUSINESS REPORT (UBR)

0008971 AF

DOCUMENT # A95000000661

1. Entity Name
SISBROS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

mf



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

Mailing Address
HILL WARD & HENDERSON
P.O. BOX 2231
TAMPA FL 33601-2231

2. Principal Place of Business

3. Mailing Address
3100 SMOKETREE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 600

City & State

City & State
RALEIGH, NC

4. FEI Number **59-3310487**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country
27604

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOHANNES, DALE~~
~~201 EAST PINE STREET, SUITE 475~~
~~ORLANDO FL 32801~~

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. **\$40,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	B96000000467
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 #	
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STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	300003273583--6
STREET ADDRESS	--06/01/00--01054--020
CITY - ST - ZIP	***368.75 ***368.75
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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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 *MICHELLE SULLIVAN* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/27/00** Daytime Phone # **919-872-4924**

CR2E003 (9/97)