

2001 UNIFORM BUSINESS REPORT (UBR)

0016036 AF

DOCUMENT # A95000000661

1. Entity Name

SISBROS, LTD.

FILED

01 FEB 27 AM 10:39

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

3100 SMOKETREE COURT
SUITE 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

59-3310487

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL BEALE, SUP 02/07/01

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**

STREET ADDRESS
CITY-ST-ZIP
200003810952-4
-03/08/01-01007-002
******368.75 ****368.75**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Signature] **Marked, Priddy III, JR 2-01-01** **919-872-4924**

CR2E003 (11/00)