

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019244 MB

DOCUMENT # **A95000000661**



1. Entity Name
SISBROS, LTD.

FILED

2003 MAY - 8 AM 8: 53

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

Mailing Address
3100 SMOKETREE COURT
SUITE 600
RALEIGH NC 27604

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

BEALE, MICHAEL
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. 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. **\$40,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FE 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 #	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 #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	100018573811 05/08/03--01075--009 **368.75
STREET ADDRESS	
CITY-ST-ZIP	
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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: *[Signature]* **VICE PRESIDENT** 4-21-03 919-872-4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)