

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 25 PM 2:01

mtm
12/4

1. Name of Limited Partnership

1a. DOCUMENT #
A29402

HINES INTERESTS LIMITED PARTNERSHIP



Mailing Address
**2800 POST OAK BLVD.
SUITE 5000
HOUSTON TX 77056-6118**

Principal Office Address
**2800 POST OAK BLVD.
SUITE 5000
HOUSTON TX 77056-6118**

3. Date Formed or Registered
12/26/1989

5a. Capital Contributions as Shown on record.
\$0.00

3a. Date of Last Report
12/04/1995

5b. Amount of Capital Contributions in FLORIDA to date:
-0-

2. Mailing Address

N/A

2a. Principal Office Address

N/A

4. State or Country of Formation
DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
76-0293595 Applied For
 Not Applicable

City & State

City & State

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

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name *N/A*
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc. **5000020207297**
-12705795-01040-005
City *****191.2FL ***191.25**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

N/A

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

HINES HOLDINGS, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

2800 POST OAK BLVD.

11b. City, State & Zip Code

HOUSTON TX

11c. Registration/Document Number

P34831

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate, and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]
C. HASTINGS
Johnston

DATE

11/18/96

Typed or Printed Name of General Partner Signing Form

-U.P. of Hines Holdings, Inc. -G.P.

Daytime Telephone Number

(713) 966-5433

CR2E003 (6/96)