

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29402**

1. Entity Name  
**Hines Interests Limited Partnership**

**FILED**

**01 JUN -5 PM 12: 21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**2800 Post Oak Blvd.  
Ste. 5000  
Houston, TX 77056**

Mailing Address  
**2800 Post Oak Blvd.  
Ste. 5000  
Houston, TX 77056**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

4. FEI Number  
**76-0293595**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **0**

10. Amount of Capital Contributions in FLORIDA to date. **0**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>Hines Holdings, Inc. 2800 Post Oak Blvd., Ste. 5000 Houston, TX 77056</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>900004420558--0 -06/14/01 -01100--020 *****50.00 *****58.00</b>
STREET ADDRESS CITY-ST-ZIP	<b>900004420559--0 -06/14/01 -01100--021 *****91.25 *****91.25</b>
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 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: **Cynthia A. Krist**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Cynthia A. Krist - Sec'y. oP**  
vPIA sst.  
Hines Holdings, Inc. - GP Date

**(713) 966-5430**  
Daytime Phone #

CR2E003 (11/00)