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Requestor's Name 315 SOUTH CALHOUN STREET		:	7
Tallah	Address assee, Florida 32301	-	
City/State	Zip Phone # 224-7000		Office Use Only
CORPORATION	NAME(S) & DOCUME	NT NUMBER(S), (if known):
1. Pinella	Morth side Parts	ress Ltd.	A930001/37 A930001/37 A930000 0F CORPORATION
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Walk-in Maibout NEW FIEINGS Prostit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Pick up time #: Foreign Pick up time #: Foreign Limited Partnership	otocopy Difficer/ Director Agent	Certified Copy Certificate of Status OOOOO25765009 -06/30/3801074006 ****280.00 *****35.00 SECRETARY OF S TALLAHASSEE, FL

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LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provision of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited

partnership organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida. Pinellas Northside Partners, Ltd. Name of the limited partnership 11-3-93 Document number assigned Date of filing/registration in Florida 4. The name and address of the present registered agent and office: CT Corporation System 1200 South Pine Island Road Plantation, FL 33324 5. The name and street address of the successor registered agent and office (P.O. Box not acceptable Dale Johannes 201 East Pine Street, Suite 475 Orlando, FL 32801 Such change was authorized by the general partners Highwoods/Florida Holdings, L.P., the general partner By: Highwoods/Florida GP, L.P., its general partner Highwoods/Florida GP Corp., its general partner 6/11/98 Date Signature of General Partner Ronald P. Gibson, President Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all states relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. 6-16-98 Date By: Dale Johannes - Registered Agent Signature

Filing Fee: \$35.00

Division of Corporations MIA4-626977