

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**


DOCUMENT # A93000001137			
1. Entity Name PINELLAS NORTHSIDE PARTNERS, LTD.			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent  BEALE, MICHAEL 201 EAST PINE STREET, SUITE 475 ORLANDO FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 59-3212454 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. 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	STREET ADDRESS	
NAME	HIGHWOODS/FLORIDA HOLDINGS, L.P.	CITY-ST-ZIP	000000087393
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600		03/15/04-80009-018 526-25
CITY-ST-ZIP	RALEIGH NC 27604	STREET ADDRESS	
		CITY-ST-ZIP	
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MOORE CR2E003 (11/03)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  MACK D. PRIDGEN III 2-23-04 919-872-4921