


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019248 MB

<b>DOCUMENT # A93000001137</b> 1. Entity Name <b>PINELLAS NORTHSIDE PARTNERS, LTD.</b>	
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FILED

03 MAY -1 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>C/O HIGHWOODS/FLORIDA L.P. 3100 SMOKETREE COURT, SUITE 600 RALEIGH NC 27604</b>	Mailing Address <b>3100 SMOKETREE COURT SUITE 600 RALEIGH NC 27604</b>
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2. Principal Place of Business	3. Mailing Address			4. FEI Number <b>59-3212454</b>	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable
City & State	City & State			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country		

DUE BY MAY 1, 2003

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>BEALE, MICHAEL</b>	Name
<b>201 EAST PINE STREET, SUITE 475</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>ORLANDO FL 32801</b>	City
	<b>FL</b> 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. <b>\$1,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600		
CITY-ST-ZIP	RALEIGH NC 27604		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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]* **REQUIRED VICE PRESIDENT** 4-26-03 919-872-4924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)