## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 98 DEC 14 AMII: 20 1. Name of Limited Partnership PINELLAS BAY VISTA PARTNERS, LTD. 3, Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 02/21/1994 HILL WARD & HENDERSON C/O HIGHWOODS/FLORIDA L.P. \$100.00 P.O. BOX 2231 3100 SMOKETREE COURT. SUITE 600 3a. Date of Last Report TAMPA FL 33801-2231 RALEIGH NC 27604 12/31/1997 5b. Amount of Capital Contributions in FLORIDA 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 59-3224948 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Country Zip 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name JOHANNES, DALE Street Address (P.O. Box Number Is Not Acceptable) 201 EAST PINE STREET, SUITE 475 ORLANDO FL 32801 Suite, Apt. #, etc. Zip Code 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) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Rox Numbers) 11b. City, State & Zip Code 11c. Document Number HIGHWOODS/FLORIDA HOLDINGS, 3100 SMOKETREE COURT. RALEIGH NC 27604 B96000000467 500002715406--4 -12/18/33--01088--006 \*\*\*\*141.25 \*\*\*\*141.25

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        |
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|     | 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       |
|     | *spis 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 |
|     | ehpowered to execute this report as required by chapter 620, Florida Statutes.  |

| SIGNATURE   | Lead  |       | DATE                     | 12         |
|---|-------|-------|--------------------------|------------|
|   |       |       |                          |            |
| Typed or Printed Name of General Partner Signing Form _ | GREGE | 60RDW | Daytime Telephone Number | <u>915</u> |

REALTY LIMITED PARTNERSHIP

NAME CHANGE FILED

0008968