2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

HERE

**SIGNATURE:** 

## " FILEU SECRETARY OF STATE **DOCUMENT # A94000000205** DIVISION OF CORPORATIONS 1. Entity Name PINELLAS BAY VISTA PARTNERS, LTD. 05 FEB 22 AM 9: 01 Principal Place of Business Mailing Address C/O HIGHWOODS/FLORIDA L.P. HIGHWOODS/FLORIDA, L.P. 3100 SMOKETREE COURT, SUITE 600 3100 SMOKETREE CT., STE., 600 RALEIGH, NC 27604 RALEIGH, NC 27604 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 01042005 Chg-LP Applied For City & State 4 FEI Number City & State 59-3224948 Not Applicable Zìp Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEALE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 201 EAST PINE STREET, SUITE 475 ORLANDO, FL 32801 Zip Code City 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 10. Amount of Capital Contributions 9. Capital Contributions \$100.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. B96000000467 DOCUMENT # STREET ADDRESS HIGHWOODS/FLORIDA HOLDINGS, L.P. NAME STREET ADDRESS 3100 SMOKETREE COURT, SUITE 600 CITY-ST-7IP CITY-ST-7IP RALEIGH, NC 27604 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <del>- 000047508080</del> 03/01/05--01053--006 \*\*141.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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