

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000655**

1. Entity Name
DOWNTOWN CLEARWATER TOWER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 12:06

Principal Place of Business
C/O HIGHWOODS/FLORIDA L.P.
3100 SMOKETREE COURT, SUITE 600
RALEIGH NC 27604

Mailing Address
~~HILL WARD & HENDERSON~~
~~P.O. BOX 2231~~
TAMPA FL 33601-2231

mg



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3100 SMOKETREE COURT
Suite, Apt. #, etc.
S-600

DO NOT WRITE IN THIS SPACE

City & State
RALEIGH NC

Zip Country
27604

4. FEI Number **59-3315162** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHANNES, DALE
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

B. 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$2,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	B96000000467
NAME	HIGHWOODS/FLORIDA HOLDINGS, L.P.
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600
CITY - ST - ZIP	RALEIGH NC 27604
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	100003279371--2 -06/07/00--01015--020
STREET ADDRESS	***526.25 ***526.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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: *MICHELLE SULLIVAN* **SULLIVAN** **4/27/04** **919-872-4924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED 001101010101