

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016039 AF

**DOCUMENT # A95000000655**

1. Entity Name

**DOWNTOWN CLEARWATER TOWER, LTD.**

**FILED**  
01 FEB 27 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O HIGHWOODS/FLORIDA L.P. 3100 SMOKETREE COURT, SUITE 600 RALEIGH NC 27604	Mailing Address 3100 SMOKETREE COURT, STE. 600 RALEIGH NC 27604
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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

7. Name and Address of New Registered Agent

~~JOHANNES, DALE~~  
~~201 EAST PINE STREET, SUITE 475~~  
~~ORLANDO FL 32801~~

Name **MICHAEL BEALE**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 E. PINE STREET, SUITE 475**  
City **ORLANDO** FL Zip Code **32801**

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.

SIGNATURE **MICHAEL BEALE, SUP** 02/07/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	<b>B96000000467</b>
NAME	<b>HIGHWOODS/FLORIDA HOLDINGS, L.P.</b>
STREET ADDRESS	<b>3100 SMOKETREE COURT, SUITE 600</b>
CITY-ST-ZIP	<b>RALEIGH NC 27604</b>

STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	<b>600003803466--0</b>
CITY-ST-ZIP	<b>-03/06/01--01122--023</b>
	<b>***526.25 ***526.25</b>

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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: **Mark D. Bridgen** 2/1/01 919-872-4924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)