

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000094

1. Entity Name

Hines National Office Partners Limited Partnership

Principal Place of Business

Mailing Address

2. Principal Place of Business

2800 Post Oak Blvd.

Suite, Apt. #, etc.

Suite 5000

City & State

Houston, TX

Zip

77056

Country

US

3. Mailing Address

2800 Post Oak Blvd.

Suite, Apt. #, etc.

Suite 5000

City & State

Houston, TX

Zip

77056

Country

US

4. FEI Number

76-0576738

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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.

10. Amount of Capital Contributions  
in-FLORIDA to date

0

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Hines Fund Management, LLC  
2800 Post Oak Blvd., etc. 5000  
Houston, TX 77056

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
200004484012--0  
-07/18/01--01029--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
200004481012--3  
-07/18/01--01029--009  
\*\*\*\*\*91.25 \*\*\*\*\*91.25

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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: Cynthia Krist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VPI Asst. Secy. of  
HAI-GP in HRP-MB.P  
Hines Fund Mngt., LLC - GP

6/19/01 (713) 621-8000

Date

Daytime Phone #

CR2E003 (11/00)