

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # B99000000094

1. Entity Name

Hines National Office Partners Limited Partnership

02 MAY -6 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2800 Post Oak Blvd.

Suite, Apt. #, etc.

Ste. 5000

City & State

Houston, TX

Zip

77056

Country

US

3. Mailing Address

2800 Post Oak Blvd.

Suite, Apt. #, etc.

Ste. 5000

City & State

Houston, TX

Zip

77056

Country

US

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DUE BY MAY 1

4. FEI Number

76-0576738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

9. Capital Contributions

as Shown on record. \$1,415,000.00

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 # M99000000275
NAME Hines Fund Management, LLC
STREET ADDRESS 2800 Post Oak Blvd., Ste. 5000
CITY-ST-ZIP Houston, TX 77056

STREET ADDRESS

CITY-ST-ZIP

600005554906--1

05/16/02 01046-007

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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

Cynthia A. Krist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VP/Asst. Sec'y of HHI-
GP in HILP - MB of
Hines Fund Mgmt. LLC - GP 4-26-02 713/966-5430

Date

Signature Phone #

CR2E003B (12/01)

STAPLE CHECK HERE