


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # B99000000094			
1. Entity Name HINES NATIONAL OFFICE PARTNERS LIMITED PARTNERSHIP			
Principal Place of Business 2800 POST OAK BLVD., SUITE 5000 HOUSTON, TX 77056		Mailing Address 2800 POST OAK BLVD., SUITE 5000 HOUSTON, TX 77056	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,415,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	M99000000275 HINES FUND MANAGEMENT, L.L.C. 2800 POST OAK BLVD., SUITE 5000 HOUSTON, TX 77056	STREET ADDRESS CITY-ST-ZIP	
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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 <i>Janine E. Hildens</i> Janine E. Hildens		Date 3/4/04 Daytime Phone # 713-621-8000	

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