

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 08, 2005 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	4. FEI Number 76-0576738	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 file if applicable</small>					
9. Capital Contributions as Shown on record. \$1,415,000.00			10. Amount of Capital Contributions in FLORIDA to date. Due: \$526.25		
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 #	M99000000275		STREET ADDRESS		
NAME	HINES FUND MANAGEMENT, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	2800 POST OAK BLVD., SUITE 5000				
CITY-ST-ZIP	HOUSTON, TX 77056				
DOCUMENT #			STREET ADDRESS	U000000220019	
NAME			CITY-ST-ZIP	02/08/05-80050-024 526.25	
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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)(f), 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>Daniel M. McEachron</i>			1/24/05 415-986-8200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Day/Time Phone #		

STAPLE CHECK HERE

RNC