


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017597 AT

DOCUMENT # B99000000094	
1. Entity Name HINES NATIONAL OFFICE PARTNERS LIMITED PARTNERSH IP	

FILED
03 MAY -2 PM 7:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 2800 POST OAK BLVD., SUITE 5000 HOUSTON TX 77056	Mailing Address 2800 POST OAK BLVD., SUITE 5000 HOUSTON TX 77056
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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

DUE BY MAY 1, 2003	
4. FEI Number 76-0576738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
C T 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	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 FL. 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, L.L.C.
STREET ADDRESS	2800 POST OAK BLVD., SUITE 5000
CITY-ST-ZIP	HOUSTON TX 77056
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200017912172
CITY-ST-ZIP	05/02/03--01103--017 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: <i>[Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Hines Fund Management, L.L.C. - GP	DATE 4-29-03	DAYTIME PHONE # 713-621-8000
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CR2E003 (10/02)

SIAPLE CHECK HERE