## 2001 UNIFORM BUSINESS REPORT (UBR)

| 200   | ONIFORM BUS  | NINE33 KEPU                     | MI            | lani   | 4 <i>)</i>  |                                       |                                   |                     |                                 |                |  |
|---|--|---------------------------------|---------------|--|---|---------------------------------------|-----------------------------------|---------------------|---------------------------------|----------------|--|
| DOCUMENT # M9900000 989 1. Entity Name                |  |                                 |               |  |   | 0.1403.63.63.63.                      |                                   |                     |                                 |                |  |
| Hines Management, LLC                                 |  |                                 |               |  |   | 01 APR 27 PM 4: 54                    |                                   |                     |                                 |                |  |
| , ,,,,,   | J  |                                 |               |  |   | SECRETARY                             | OF STATE                          | -                   |                                 |                |  |
|   | ace of Business  | Mailing Address                 | O             | 1 . 4  |   | TALLAHASSEI                           | E. PLUKIL                         | JA                  |                                 |                |  |
| 2800 PostOak Blud. 2800 Post O<br>Ste. 5000 Ste. 5000 |  |                                 |               |  | $e^{-}$   | · · · · · · · · · · · · · · · · · · · |                                   |                     |                                 |                |  |
| Houst   | on, Tx 77056   | Houston, TX                     | 170           | 56   |   |                                       |                                   |                     |                                 |                |  |
| 2. Principal Place of Business                        |  | 3. Mailing Address              |               |  |   |                                       |                                   |                     |                                 |                |  |
| Suite, Apt. #, etc.                                   |  | Suite, Apt. #, etc.             |               |  |   | DO NOT WRITE IN THIS SPACE            |                                   |                     |                                 |                |  |
| City & State  |  | City & State                    |               | 4. FEI N   | 4. FEI Number Applied For Not Applied For Not Applied Por |                                       |                                   |                     |                                 |                |  |
| Zip   | Country  | Zip                             | Cour          | itry   |   | icate of Status Desired               |                                   | 5.00 A              | dditional                       | 1              |  |
|   | 6. Name and Address of Current   |                                 |               | Fee Required 7. Name and Address of New Registered Agent |   |                                       |                                   |                     |                                 |                |  |
| CT Corporation System                                 |  |                                 |               | Name,  | ie,   |                                       |                                   |                     |                                 |                |  |
| CT Corporation System 1200 South Pine Island Road     |  |                                 |               | Street Ad  | Address (P.O. Box Number is Not Acceptable)               |                                       |                                   |                     |                                 |                |  |
| Pla   | antation, FL 33324   | <b>/</b>                        |               |  |   |                                       |                                   |                     |                                 |                |  |
|   |  |                                 |               | City   |   |                                       | FL                                | Zip Co              | ode                             | 7              |  |
| 8. The above  | e named entity submits this statement for  | or the purpose of changing its  | registere     | d office or r  | registered agent, o                                       | r both, in the State of FI            | orida.                            | <del></del>         |                                 | 7              |  |
|   |  |                                 |               |  |   | ÷                                     |                                   |                     |                                 |                |  |
| SIGNATURE   | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE  | Fegistered    | d Agent signature  | e required when reinstatin                                | p) .                                  | DATE                              |                     |                                 | _              |  |
|   |  | FILE NO<br>Make Check Pay       |               |  |   | . a depart of the first the           |                                   |                     |                                 |                |  |
| 9.  | MANAGING MEMB  | ERS/MEMBERS                     | 10.           |  |   | ADDITIONS                             | /CHANGES                          | -                   |                                 | ┨_             |  |
| TITLE<br>NAME   | MGRM Hines Interests Limited Partnership 2800 Post Oak Blod.   |                                 |               |  |   | _                                     | (                                 | ☐ Change            | Addition                        | R2E083 (11/00) |  |
| STREET ADORESS<br>City-St-Zip                         | Houston, Tx 77056  |                                 |               | ET ADDRESS<br>ST-ZIP                                     |   |                                       |                                   | TI                  |                                 | ZE083          |  |
| TITLE   |  | ☐ Delete                        | TITLE         |  |   |                                       | ſ                                 | Change              | Addition                        | , S            |  |
| name<br>Street address                                |  |                                 | STREE         | TADORESS   |   |                                       |                                   |                     |                                 |                |  |
| CITY-ST-ZIP   |  |                                 | 4             | ST-ZIP   |   |                                       | r                                 | 7 0                 |                                 | 4              |  |
| TITLE<br>Name   | _  | ☐ Delete                        | TITLE         | . [  |   |                                       | Conc                              | Change              | Addition                        | ļ              |  |
| STREET ADDRESS  | :  |                                 | 1             | T ADDRESS  | ere = s. sk f   |                                       | /16/01-                           | ofis                | 12025                           |                |  |
| CITY-ST-ZIP   |  | ☐ Celete                        | TITLE         | ST-ZIP   |   |                                       | <u>****50.0</u>                   | ] *:∲<br>☐ Change   | :***50 <u>. (</u><br>■ Addition |                |  |
| title<br>Name   |  | Li Desete                       | NAME          | )  |   |                                       | L.                                | _ one in            |                                 |                |  |
| STREET ADDRESS<br>CITY-ST-ZIP                         |  |                                 |               | T ADDRESS<br>ST-ZIP                                      |   |                                       |                                   |                     |                                 |                |  |
| TITLE   |  | ☐ Delete                        | TITLE         |  |   |                                       |                                   | Change              | ☐ Addition                      | 1              |  |
| name<br>Street adicress                               |  |                                 | NAME<br>STREE | T ADDRESS  |   |                                       |                                   |                     |                                 | 4              |  |
| CITY-ST-ZIP   |  |                                 |               | ST-ZIP   |   |                                       |                                   |                     |                                 |                |  |
| TITLE   | And the second s | ☐ Delete                        | TITLE         |  |   |                                       | E                                 | Change :            | 🔲 Addition                      |                |  |
| NAME<br>Street adoress                                |  |                                 | NAME<br>STREE | T ADDRESS  | <b>1</b>  |                                       |                                   |                     |                                 |                |  |
| CITY-ST-ZIP   |  |                                 | CITY-         | ST-ZIP   |   |                                       |                                   |                     |                                 | 4              |  |
| indicated   | certify that the information supplied with<br>on this report is true and accurate and<br>billty company or the receiver or trustee   | that my signature shall have th | ema: en       | legal effect   | as if made under c  | eth: that i am a manac                | I further certify<br>ing member o | that the<br>r manag | information<br>er of the        |                |  |
| SICALAT   | RV<br>UDE: Cunthiali   | Kait                            | V             | PlAsst.  | Secy. of<br>HKP. MO                                       | 4/23/01                               | (7)                               | 3)62                | 1-800 U                         |                |  |
| SIGNAT  | SIGNATURE AND TYPED OR PRINTED NAME OF   | SIGNING MANAGING MEMBER, MANA   | GEL OR A      | UTHORIZED RE   | PRESENTATIVE  | Guio                                  |                                   | ne Phone ≠          |                                 | '              |  |