TO REVOCATION AND \$500 PENALTY FEE

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LIMITED RATE OF THE ANNUAL REPORTS	ELORIDA DEP Partira DIVISION OF	MENT OF STA	TE E	SECRETAI DIVISION OF 98 JAN 26			
Name of Limited Partnership	1a. DOCUN B96000000381				ta (+		
HIGHWOODS/FLORIDA HOLDIN	GS, L.P.		B	K 1/28	des	,	
Mailing Address 3100 Smoketree Court Suite 600 Raleigh, NC 27604 Principal Office Address c/o The Corporation The 1209 Orange Street Wilmington, DE 198			30 20/1/0		5a. Capital Contributions as Shown on record. \$9,900.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	28. Principal Office Address				to dal	e:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		_{er} 1993389		Applied For Not Applicable	
0.17 0 0.1210				of Status Desired		\$8.75 Additional	
Zip Country	Zip	Zip Country			Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of C	current Registered Agent		10. fich	anged, new Registere	ed Agent/Office		
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		Name Street Address (P.O. Box Number Is Not Acceptable) Suito, Apt. #, etc					
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered of agent. I am familier with, and accept the obling SIGNATURE (Registered Agent Accepting Appointment)	fice or registered agent, or both, in the State of F igations of section 620.192, Florida Statules.				reby accept the		
A GENERAL PARTNER TH	IAT IS A CORPORATION, IUST BE REGISTERED A				R BUSII	NESS ENTITY	
11. Namo(s) of General Parlnor(s)	11a. Address of Each Gene (Do NOT Use Post Office	eral Partner Box Numbers)	11b. Cily, State	& Zip Code	11c.	Registration/ Document Number	
HIGHWOOD/FLORIDA HOLDINGS L.P.	GP, 3100 Smoketree Suite 600	3100 Smöketree Court Rai		27604	B960	00000380	
	PR - 69:	30	C	900002 -01/2 ****	2416 9/38-0 173.05	5996 1109-017 ****173.05	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes T release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee mis annual report is true and accurate and trial my signification have been earlier and trial my signification have been some sense and real my signification have been some sense and real my significant have been some sense and real my significant have sense an

Ronald P. Gibson, President Daytime Telephone Number 919 8 22 - 4924 Typed or Printed Name of General Partner Signing Form