

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016034 AF

**DOCUMENT # B96000000381**

1. Entity Name  
**HIGHWOODS/FLORIDA HOLDINGS, L.P.**

**FILED**  
**01 FEB 13 PM 12:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**G/O THE CORPORATION TRUST COMPANY**  
**1209 ORANGE STREET**  
**WILMINGTON DE 19801**

Mailing Address  
**3100 SMOKETREE COURT, SUITE 600**  
**RALEIGH NC 27604**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3100 SMOKETREE COURT**

Suite, Apt. #, etc.  
**SUITE 600**

City & State  
**RALEIGH, NC**

Zip  
**27604**

Country  
**USA**

4. FEI Number  
**56-1993389**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$9,900.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	<b>F96000004961</b>
NAME	<b>HIGHWOODS/FLORIDA GP CORP.</b>
STREET ADDRESS	<b>3100 SMOKETREE COURT, SUITE 600</b>
CITY-ST-ZIP	<b>RALEIGH NC 27604</b>
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	<b>9600003708519--9</b>
CITY-ST-ZIP	<b>-02/16/01--01147--017</b> <b>***141.25 ***141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: **MACK B. PRIDGEN III** 2/1/01 919-872-4924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)