

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B96000000381**

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



Principal Place of Business  
**3100 SMOKETREE CT., STE.#600  
RALEIGH, NC 27604**

Mailing Address  
**3100 SMOKETREE CT., STE.#600  
RALEIGH, NC 27604**

**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-LP

CR2E003 (11/05)

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 # **F96000004961**  
NAME **HIGHWOODS/FLORIDA GP CORP.**  
STREET ADDRESS **3100 SMOKETREE COURT, SUITE 600**  
CITY-ST-ZIP **RALEIGH, NC 27604**

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**U000000498011  
04/14/06-80015-020 500.00**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Rock D. Bridgen III, VP**

Date

Daytime Phone #

**3-28-06 919.872.4924**

STAPLE CHECK HERE