


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90055 007 ***150.00

DOCUMENT # F96000004961

1. Entity Name
 HIGHWOODS/FLORIDA GP CORP.



Principal Place of Business
 3100 SMOKETREE COURT, SUITE 600
 RALEIGH, NC 27604

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

50034044



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03172005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
 56-1993386

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD GIBSON, RONALD P <input checked="" type="checkbox"/> Delete 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIUZZO, CARMAN J <input type="checkbox"/> Delete 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP FRITSCH, EDWARD J <input type="checkbox"/> Delete 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO STEVENS, TERRY L <input type="checkbox"/> Delete 3100 SMOKE TREE CT STE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + Secretary Mack D. Pridgen III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3100 Smoketree Ct. #600 Raleigh NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: Mack D. Pridgen III Date: 3-22-05 Daytime Phone #: (919) 872-4924