

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000006211

1. Entity Name
 HIGHWOODS REALTY GP CORP.



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

Mailing Address
 3100 SMOKETREE CT, STE 600
 RALEIGH, NC 27604



03242006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 56-1993387

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

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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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

00000432434
 04/19/06-80066 017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PRIDGEN, MACK D III 3100 SMOKETREE CT, # 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEOD FRITSCH, EDWARD J 3100 SMOKETREE CT, STE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIUZZO, CARMAN J 3100 SMOKETREE CT, STE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO STEVENS, TERRY L 3100 SMOKETREE CT, STE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mack D. Pridgen III

3-28-06 (919) 872-4924
 Date Daytime Phone #