


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90047 002 ****50.00

DOCUMENT # L04000051367	
1. Entity Name HIW PARTNERSHIP, LLC	

00010010

Principal Place of Business 304 EAST PARK STREET AUBURDALE, LF 33823	Mailing Address 304 EAST PARK STREET AUBURDALE, LF 33823
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2. Principal Place of Business - No P.O. Box # 4762 Crestwiche Dr.	3. Mailing Address 4762 Crestwiche Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03192007 Chg-LLC CR2E083 (12/06)

City & State Lakeland, FL	City & State Lakeland, FL
Zip 33801	Zip 33801
Country USA	Country USA

4. FEI Number 75-3047088	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BENNETT, BARRY W 106 Avenue F SW WINTER HAVEN, FL 33880	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name Paula S. Ball Street Address (P.O. Box Number is Not Acceptable) 4762 Crestwiche Drive City Lakeland FL Zip Code 33801	
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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 Paula S. Ball	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, JACK R 304 EAST PARK STREET AUBURDALE, LF 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTIAN, CECIL B 304 EAST PARK STREET AUBURDALE, LF 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALL, JOHN D 4354 DIRKSHIRE LOOP LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ball, Paula S. 4354 Dirkshire Loop Lakeland, FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, MARION T JR. 306 PILAKLAKAHA AVE., STE. 2 AUBURDALE, FL 33823 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: Paula S. Ball	Date 4/26/07 863-665-1462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	