

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90120 025 ***138.75

DOCUMENT # L04000051367 1. Entity Name HIW PARTNERSHIP, LLC					
Principal Place of Business 4762 CRESTWICKE DR LAKELAND, FL 33801			Mailing Address 4762 CRESTWICKE DR LAKELAND, FL 33801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 75-3047088	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BELL, PAULA S 4762 CRESTVIEW DR LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name <u>Paula S. Ball</u> Street Address (P.O. Box Number is Not Acceptable) <u>4762 Crestwicke Drive</u> City <u>Lakeland</u> FL Zip Code <u>33801</u>	
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 <u>Paula S. Ball</u> DATE <u>2/1/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, JACK R 304 EAST PARK STREET AUBURNDAL, LF 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTIAN, CECIL B 304 EAST PARK STREET AUBURNDAL, LF 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALL, PAULA S 4354 DIRKSHIRE LOOP LAKELAND, FL 33801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, MARION T JR. 306 PILAKLAKAHA AVE., STE. 2 AUBURNDAL, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, MARION T JR. 306 PILAKLAKAHA AVE., STE. 2 AUBURNDAL, FL 33823	<input type="checkbox"/> Delete			
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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: <u>Paula S. Ball</u> DATE <u>2/1/08</u> 863-665-1462 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

PAULA S. BALL