# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 16, 2010**
**Secretary of State**

DOCUMENT# L08000055472

**Entity Name:** HIGHWOODS II, LLC

**Current Principal Place of Business:**

2145 DELTA BLVD., SUITE 100
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

2145 DELTA BLVD., SUITE 100
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POOLE, KIM L
2145 DELTA BLVD., SUITE 100
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MM
Name: POOLE, KIM L
Address: 2145 DELTA BLVD SUITE 100
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MM
Name: POOLE, BARRY W
Address: 2145 DELTA BLVD SUITE 100
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: KIM L. POOLE MM 02/16/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date