2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 22, 2005 08:00 AM **Secretary of State** DOCUMENT # M00000002413 1. Entity Name HIGHWOODS ORLANDO, LLC Principal Place of Business ____ Mailing Address 3100 SMOKETREE COURT _ 3100 SMOKETREE COURT STE. 608 STE. 608 RALEIGH, NC 27604 RALEIGH, NC 27604 01042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1566927 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE HIGHWOODS REALTY LIMITED PTNRSHP. NAME 3100 SMOKETREE COURT, S-600 STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27604 000000239070 02/22/05-80028-005 50.00 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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11. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

Mack D. Rid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

SIGNATURE: