


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90245 046 ***150.00

DOCUMENT # P94000023443

1. Entity Name
PARKER-RALEIGH DEVELOPMENT XXIV, INC.



Principal Place of Business Mailing Address
5500 ATLANTIC SPRINGS ROAD **5500 ATLANTIC SPRINGS ROAD**
SUITE 103 **SUITE 103**
RALEIGH, NC 27616 **RALEIGH, NC 27616**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03172005 Chg-P CR2E034 (10/03)

| | | |
|--|--|--|
| 4. FEI Number 59-3239439 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent EDWARDS, JOSEPH D 201 N. FRANKLIN ST. SUITE 2100 TAMPA, FL 33602 | | 7. Name and Address of New Registered Agent |
| | | Name |
| | | Street Address (P.O. Box Number is Not Acceptable) |
| | | City FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME PASD GLICK, ADAM | <input type="checkbox"/> Delete | TITLE NAME V/S Ratledge, Toler W. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 1700 BROADWAY AVENUE 34TH FLOOR | | STREET ADDRESS 5500-103 Atlantic Springs Road | |
| CITY-ST-ZIP NEW YORK, NY 10019 | | CITY-ST-ZIP Raleigh, NC 27616 | |
| TITLE NAME VS BRADY, DAVID L | <input checked="" type="checkbox"/> Delete | TITLE NAME V/AS Siegel, Bradley | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 5500-103 ATLANTIC SPRINGS ROAD | | STREET ADDRESS 1700 Broadway Avenue, 34th Floor | |
| CITY-ST-ZIP RALEIGH, NC 27616 | | CITY-ST-ZIP New York, NY 10019 | |
| TITLE NAME VAS GORDON, RICHARD C | <input checked="" type="checkbox"/> Delete | TITLE NAME AS Elliott, Jessica L. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 1700 BROADWAY AVENUE 34TH FLOOR | | STREET ADDRESS 5500-103 Atlantic Springs Road | |
| CITY-ST-ZIP NEW YORK, NY 10019 | | CITY-ST-ZIP Raleigh, NC 27616 | |
| TITLE NAME VAS FULLER, KENNETH | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 5500-103 ATLANTIC SPRINGS ROAD | | STREET ADDRESS | |
| CITY-ST-ZIP RALEIGH, NC 27616 | | CITY-ST-ZIP | |
| TITLE NAME VF- VAGANAY, JEAN-PIERRE | <input type="checkbox"/> Delete | TITLE NAME V/AS Vaganay, Jean-Pierre | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1700 BROADWAY AVENUE 34TH FLOOR | | STREET ADDRESS 1700 Broadway Avenue | |
| CITY-ST-ZIP NEW YORK, NY 10019 | | CITY-ST-ZIP New York, NY 10019 | |
| TITLE NAME VAF- O'LARNIC, NANCY C | <input type="checkbox"/> Delete | TITLE NAME V/T/AS O'Larnic, Nancy C. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 5500-103 ATLANTIC SPRINGS ROAD | | STREET ADDRESS 5500-103 Atlantic Springs Road | |
| CITY-ST-ZIP RALEIGH, NC 27616 | | CITY-ST-ZIP Raleigh, NC 27616 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nancy C. O'Larnic 4/27/05 919-872-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14009055

| | | | |
|---|----------------|---|----------------|
| DOCUMENT # <u>PP94000023443</u> | | | |
| 1. Entity Name PARKER-RALEIGH DEVELOPMENT XXIV, INC. | | | |
| 2. Principal Place of Business 5500 Atlantic Springs Road Suite, Apt. #, etc Suite 103 | | 2. Mailing Address 5500 Atlantic Springs Road Suite, Apt. #, etc Suite 103 | |
| City & State Raleigh, NC | | City & State Raleigh, NC | |
| 4. FEI Number 59-3239439 | | | |
| Zip 27616 | Country USA | Zip 27616 | Country USA |

| 10. Officers and Directors | | | | 11. Additions/Changes to Officers and Directors In 11 | | | | | |
|-------------------------------|---|-------------------------------------|----------|---|--|--------------------------|--------|--------------------------|----------|
| TITLE NAME | AS Poor, Vickie B. | <input checked="" type="checkbox"/> | Deletion | TITLE NAME | | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| STREET ADDRESS CITY-ST-ZIP | 5500-103 Atlantic Springs Road Raleigh, NC 27616 | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME | | <input type="checkbox"/> | Deletion | TITLE NAME | | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRESS CITY-ST-ZIP | | | | | |