

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90318 014 \*\*\*150.00



**DOCUMENT # P94000023448**  
 1. Entity Name  
**PARKER-RALEIGH DEVELOPMENT XXIII, INC.**

Principal Place of Business  
**201 N. FRANKLIN ST.  
 SUITE 2100  
 TAMPA, FL 33602**

Mailing Address  
**201 N. FRANKLIN ST.  
 SUITE 2100  
 TAMPA, FL 33602**

2. Principal Place of Business  
**5500 Atlantic Springs Road**  
 Suite, Apt. #, etc.  
**Suite 103**


3. Mailing Address  
**5500 Atlantic Springs Road**  
 Suite, Apt. #, etc.  
**Suite 103**

City & State  
**Raleigh, NC**

City & State  
**Raleigh, NC**

Zip  
**27616**

Country  
**USA**

  
 03192004 Chg-P CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

**EDWARDS, JOSEPH D**  
**201 N. FRANKLIN ST.**  
**SUITE 2100**  
**TAMPA, FL 33602**

4. FEI Number  
**59-3239433**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 STREET ADDRESS CITY-ST-ZIP	PSD GLICK, ADAM 118 W. 57 ST. NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/AS/D Glick, Adam P. 1700 Broadway Avenue 34th Floor New York, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PARKER, JACK 118 W 57TH STREET NY, NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Brady, David L. 5500-103 Atlantic Springs Road Raleigh, NC 27616 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MITCHELL, STEPHEN J 201 N FRANKLIN STREET SUITE 2100 TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Gordon, Richard C. 1700 Broadway Avenue 34th Floor New York, NY 10019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BRADY, DAVID 5500-103 ATLANTIC SPRINGS RD RALEIGH, NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Vaganay, Jean-Pierre 1700 Broadway Avenue 34th Floor New York, NY 10019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AT O'Larnic, Nancy C. 5500-103 Atlantic Springs Road Raleigh, NC 27616 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Fuller, Kenneth 5500-103 Atlantic Springs Road Raleigh, NC 27616 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 4/7/04 919-872-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Nancy C. O'Larnic*

*Attachment*

<b>DOCUMENT #P94000023448</b>				
1. Entity Name <b>PARKER-RALEIGH DEVELOPMENT XXIII, INC.</b>				
2. Principal Place of Business 5500 Atlantic Springs Road		2. Mailing Address 5500 Atlantic Springs Road		
Suite, Apt. #, etc Suite 103		Suite, Apt. #, etc Suite 103		
City & State Raleigh, NC		City & State Raleigh, NC		4. FEI Number 59-3239433
Zip 27616	Country USA	Zip 27616	Country USA	

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