


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-29-2005 90245 045 \*\*\*150.00

**DOCUMENT # P94000023448**

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



|   |   |
|---|---|
| Principal Place of Business<br>5500 ATLANTIC SPRINGS RD<br>SUITE 101<br>RALEIGH, NC 27616 | Mailing Address<br>5500 ATLANTIC SPRINGS RD<br>SUITE 101<br>RALEIGH, NC 27616 |
|---|---|

**14009056**

|  |  |
|--|--|
| 2. Principal Place of Business<br>5500 Atlantic Springs Road<br>Suite, Apt. #, etc.<br><b>Suite 103</b><br>City & State<br>Raleigh, NC<br>Zip<br>27616<br>Country<br>USA | 3. Mailing Address<br>5500 Atlantic Springs Road<br>Suite, Apt. #, etc.<br><b>Suite 103</b><br>City & State<br>Raleigh, NC<br>Zip<br>27616<br>Country<br>USA |
|--|--|



03172005 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br><b>59-3239433</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Name and Address of Current Registered Agent<br><b>EDWARDS, JOSEPH D<br/>201 N. FRANKLIN ST.<br/>SUITE 2100<br/>TAMPA, FL 33602</b> |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PASD<br/>GLICK, ADAM<br/>1700 BROADWAY AVE 34TH FLOOR<br/>NEW YORK, NY 10019</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>V/S<br/>Ratledge, Toler W.<br/>5500-103 Atlantic Springs Road<br/>Raleigh, NC 27616</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VS<br/>BRADY, DAVID L<br/>5500-103 ATLANTIC SPRINGS RD<br/>RALEIGH, NC 27616</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>V/AS<br/>Siegel, Bradley<br/>1700 Broadway Avenue<br/>New York, NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VAS<br/>GORDON, RICHARD C<br/>1700 BROADWAY AVE 34TH FLOOR<br/>NEW YORK, NY 10019</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>AS<br/>Elliott, Jessica L.<br/>5500-103 Atlantic Springs Road<br/>Raleigh, NC 27616</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VAS<br/>VAGANAY, JEAN-PIERRE<br/>1700 BROADWAY AVE 34TH FLOOR<br/>NEW YORK, NY 10019</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>V/AS<br/>Vaganay, Jean-Pierre<br/>1700 Broadway Avenue, 34th Floor<br/>New York, NY 10019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VAT<br/>O'LARNIC, NANCY C<br/>5500-103 ATLANTIC SPRINGS RD<br/>RALEIGH, NC 27616</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>V/T/AS<br/>O'Larnic, Nancy C.<br/>5500-103 Atlantic Springs Road<br/>Raleigh, NC 27616</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VAS<br/>FULLER, KENNETH<br/>5500-103 ATLANTIC SPRINGS RD<br/>RALEIGH, NC 27616</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input 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 4/27/05 919-872-9000

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

# ATTACHMENT

14609056

|   |  |   |  |
|---|--|---|--|
| DOCUMENT# <b>SP9400023448</b>   |  |   |  |
| 1. Entity Name<br>PARKER-RALEIGH DEVELOPMENT XXIII, INC.  |  |   |  |
| 2. Principal Place of Business<br>5500 Atlantic Springs Road<br>Suite, Apt. #, etc<br>Suite 103 |  | 2. Mailing Address<br>5500 Atlantic Springs Road<br>Suite, Apt. #, etc<br>Suite 103 |  |
| City & State<br>Raleigh, NC   |  | City & State<br>Raleigh, NC   |  |
| Zip<br>27616  |  | Country<br>USA  |  |
|   |  | 4. FEI Number<br>59-3239433   |  |

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