2004 LIMITED PARTNERSHIP ANNUAL REPORT

FILED **Due By May 1, 2004** 2004 APR 22 PM 3: 49 **DOCUMENT # A31178** 1. Entity Name SECRETARY OF STATE PARKER-RALEIGH DEVELOPMENT I, LIMITED TALLAHASSEE, FLORIDA **PARTNERSHIP** Principal Place of Business Mailing Address 201 NORTH FRANKLIN STREET, SUITE 2100 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address 5500 Atlantic Springs Road 5500 Atlantic Springs Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 Chg-LP CR2E003 (10/03) Suite 103 Suite 103 Applied For City & State 4. FEI Number City & State 59-3049760 Not Applicable Raleigh, NC Raleigh, NC Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired П 27616 Fee Required USA 27616 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITCHELL, STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602 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. 9. Capital Contributions 10. Amount of Capital Contributions \$2,500,000.00 as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. S18786 DOCUMENT # STREET ADDRESS NAME PARKER-RAL DEV. I. INC. 5500-103 Atlantic Springs Road 201 N. FRANKLIN, #2100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL Raleigh, NC 27616 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 100036063801 05/11/04--01071--013 **526.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes

CITY-ST-ZIP

SIGNATURE: SIGNATURE OF SIGNING GENERAL PARTNER

NAME STREET ADDRESS

CITY-ST-ZIP

919-872-9000 Daytime Phone #