

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000427 AV

DOCUMENT # **A31178**

1. Entity Name
PARKER-RALEIGH DEVELOPMENT I, LIMITED PARTNERSHIP



FILED

03 APR 18 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**201 NORTH FRANKLIN STREET, SUITE 2100
TAMPA FL 33602**

Mailing Address
**201 NORTH FRANKLIN STREET, SUITE 2100
TAMPA FL 33602**

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3049760	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		7. Name and Address of New Registered Agent	
MITCHELL, STEPHEN J		Name	
201 NORTH FRANKLIN STREET, SUITE 2100		Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33602		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	S18786	STREET ADDRESS	
NAME	PARKER-RAL DEV. I, INC.	CITY-ST-ZIP	
STREET ADDRESS	201 N. FRANKLIN, #2100	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	000016330070 04/18/03--01067--009 **576.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 oath; 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

Parker-Raleigh Development I, Inc.
By: **Parker Management North Carolina, LLC** its Managing Agent
SIGNATURE: *[Signature]* **4-11-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE