Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

A31186 **DOCUMENT #** FILED 1. Entity Name 02 APR 29 AM 8: 53 PARKER-RALEIGH DEVELOPMENT IX, LIMITED PARTNERSH SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 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 Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 59-3079756 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MITCHELL, STPEHEN J Street Address (P.O. Box Number is Not Acceptable) 201 NORTH FRANKLIN STREET **SUITE 2100 TAMPA FL 33602** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$250,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. (9/01)S18837 DOCUMENT # STREET ADDRESS PARKER-RAL DEV IX, INC. 201 N. FRANKLIN, #2100 STREET ADDRESS 200005481962--CITY-ST-ZIP TAMPA FL CITY-ST-ZIP -05/07/02--01083--009 ****526.25 ****526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET_ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME S STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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-RateIgh Development IX, Inc. By: Parker Lincoln Developers, Inc. its Managing Agent SIGNATURE: