


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

2004 APR 22 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A31186		
1. Entity Name PARKER-RALEIGH DEVELOPMENT IX, LIMITED PARTNERSHIP		
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 5500 Atlantic Springs Road Suite, Apt. #, etc. Suite 103 City & State Raleigh, NC Zip 27616		3. Mailing Address 5500 Atlantic Springs Road Suite, Apt. #, etc. Suite 103 City & State Raleigh, NC Zip 27616 Country USA	
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03192004	Chg-LP	CR2E003 (10/03)
4. FEI Number 59-3079756	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 MITCHELL, STEPHEN J 201 NORTH FRANKLIN STREET SUITE 2100 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	S18837	STREET ADDRESS	5500-103 Atlantic Springs Road
NAME	PARKER-RAL DEV IX, INC.	CITY-ST-ZIP	Raleigh, NC 27616
STREET ADDRESS	201 N. FRANKLIN, #2100		
CITY-ST-ZIP	TAMPA, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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

SIGNATURE: Nancy C. O'Farrell	4/7/04	919-872-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
Nancy C. O'Farrell		

STAPLE CHECK HERE