

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000000926

1. Entity Name
PARKER-RALEIGH DEVELOPMENT XX, 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

3. Mailing Address
5500 Atlantic Springs Road
Suite, Apt. #, etc.
Suite 103

City & State
Raleigh, NC

City & State
Raleigh, NC

Zip
27616

Country
USA

Zip
27616

Country
USA

03192004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3204155

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, JOSEPH D
201 N. 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

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

DATE

9. Capital Contributions
as Shown on record. **\$0.00**

10. Amount of Capital Contributions
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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000063253**
NAME **PARKER-RALEIGH DEVELOPMENT XX, INC.**
STREET ADDRESS **201 N. FRANKLIN STREET, STE. 2100**
CITY-ST-ZIP **TAMPA, FL 33602**

STREET ADDRESS **5500-103 Atlantic Springs Road**
CITY-ST-ZIP **Raleigh, NC 27616**

DOCUMENT #
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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'P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/04

919-872-9000

Nancy C. O'P.

STAPLE CHECK HERE