

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000926**

1. Entity Name
**PARKER-RALEIGH DEVELOPMENT XX, LIMITED PARTNERSH
IP**

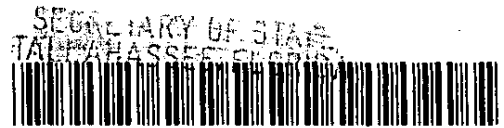


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Principal Place of Business
**201 NORTH FRANKLIN STREET, SUITE 2100
TAMPA FL 33602**

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



2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3204155		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable
City & State		City & State		6. Name and Address of Current Registered Agent		
Zip	Country	Zip	Country	7. Name and Address of New Registered Agent		

DUE BY MAY 1, 2003

**EDWARDS, JOSEPH D
201 N. FRANKLIN STREET, SUITE 2100
TAMPA FL 33602**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00** 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 # NAME STREET ADDRESS CITY-ST-ZIP	P93000063253 PARKER-RALEIGH DEVELOPMENT XX, INC. 201 N. FRANKLIN STREET, STE. 2100 TAMPA FL 33602	STREET ADDRESS CITY-ST-ZIP	
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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

By: **Parker Management North Carolina, LLC its Managing Agent**

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-11-03

Date Daytime Phone #

0004396
AV

CR2E003 (10/02)

STAPLE CHECK HERE