

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000398					
1. Entity Name PARKER-RALEIGH DEVELOPMENT XXIII, LIMITED PARTNERSHIP					
Principal Place of Business 5500 ATLANTIC SPRINGS RD STE. 103 RALEIGH, NC 27616			Mailing Address 5500 ATLANTIC SPRINGS RD STE. 103 RALEIGH, NC 27616		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03172005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3239442				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 EDWARDS, JOSEPH D 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		
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 _____ <small>Signature typed or printed name of registered agent and file if applicable</small>					
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 #	P94000023448		STREET ADDRESS		
NAME	PARKER-RALEIGH DEVELOPMENT XXIII, INC.		CITY - ST - ZIP		
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD.		CITY - ST - ZIP		
CITY - ST - ZIP	RALEIGH, NC 27616		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			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)(f), 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: <i>Nancy C. O'Leary</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Nancy C. O'Leary			Date 4/27/05		Daytime Phone # 919-872-9000



STAPLE CHECK HERE