Daytime Phone #

200	1 UNIFORM BUS	SINESS REP	ORT	(UBR)	_	
*DOCUMENT # A9400000399						
PARKER-RALEIGH DEVELOPMENT XXIV, LIMITED PARTNER					FILED	
Principal Place of Business Mailing Address				<u> </u>	O1 APR 24 PM 3: -	
201 NORTH FRANKLIN STREET. SUITE 2100 TAMPA FL 33602		201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA FL 33802		SECRETARY OF STATE TALLAHASOTF, FLORIDA		
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 59-3239443	Applied For Not Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
EDWARDS, JOSEPH D 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA FL 33602			<del>-</del>	Street Address (P.O. Box Number is Not Acceptable)		
				City FL Zip Code		
8. The above	e named entity submits this statement	for the purpose of changing	its registere	ed office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE				<del></del>		
9. Capital Co		10. Amount of Cap	oital Contrit	d Agent signature require	11. MAKE CHECK PAYABL	
as Shown	on record. \$0.00	in FLORIDA to	NTITY M	UST BE REGIS	SEE REVERSE SIDE FO	E.
NOTE: General Partners MAY NOT be changed on the form; an amendment					t must be filed to change a general partner.  ADDRESS CHANGES ONLY	
12. GENERAL PARTNER INFORMATION DOCUMENT # P94000023443				ET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	
NAME STREET ADDRESS CITY-ST-ZIP	PARKER-RALEIGH DEVELOPMENT XXIV, INC.			-ST-ZIP		
DOCUMENT #	7.10,7,7,7,00000		STRE	ET ADDRESS	ı	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT #			STRE	ET ADDRESS		040
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	-05/08/010 ****141-25	1102032 ****141 25
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DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
14. I hereby of indicated the received Parket	certify that the information supplied we lon this report is true and accurate are ver or trustee empowered to execute a Parel of the control	ith this filing does not qualify the that my signature shall have this report as required by Chapment XXIV, I	for the exer e the same opter 620, F Lnc.	mption stated in S e legal effect as if i Florida Statutes By: Park (It	ection 119.07(3)(i). Florida Statutes. I further ce made under oath; that I am a General Partner of er Lincoln Developers s managing agent)	tify that the information the limited partnership or s, Inc.

SIGNATURE: