## 02 UNIFORM BUSINESS REPORT (UBR)

## A94000000399 **DOCUMENT #** FILED 1. Entity Name 02 APR 29 AM 8:53 PARKER-RALEIGH DEVELOPMENT XXIV, LIMITED PARTNER SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 201 NORTH FRANKLIN STREET. SUITE 2100 201 NORTH FRANKLIN STREET. SUITE 2100 **TAMPA FL 33602** TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 59-3239443 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARDS, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 201 NORTH FRANKLIN STREET, SUITE 2100 **TAMPA FL 33602** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. CR2E003 (9/01) P94000023443 DOCUMENT # STREET ADDRESS PARKER-RALEIGH DEVELOPMENT XXIV. INC. 201 NORTH FRANKLIN STREET, SUITE 2100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 000005481950-CITY-ST-ZIP <del>05/07/02 - 01003 - 007</del> DOCUMENT # \*\*\*\*141.25 \*\*\*\*141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP -DOCUMENT # STREET AODRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS namē STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Parker—Raileigh Development XXIV, Inc. arker Lincoln Developers, Inc. its Managing Agent

SIGNATURE: \_\_

SSIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #