

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 22 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000399

1. Entity Name  
PARKER-RALEIGH DEVELOPMENT XXIV, 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.

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

Suite 103  
City & State  
Raleigh, NC

Suite 103  
City & State  
Raleigh, NC

Zip Country  
27616 USA

Zip Country  
27616 USA

03192004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3239443

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 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

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

DOCUMENT # P94000023443  
NAME PARKER-RALEIGH DEVELOPMENT XXIV, INC.  
STREET ADDRESS 201 NORTH FRANKLIN STREET, SUITE 2100  
CITY-ST-ZIP TAMPA, FL 33602

13. ADDRESS CHANGES ONLY

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

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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'Karnic*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Nancy C. O'Karnic*

4/7/04

919-872-9000  
Daytime Phone #

STAPLE CHECK HERE