

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

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

**DOCUMENT # A94000000399**

1. Entity Name  
**PARKER-RALEIGH DEVELOPMENT XXIV, 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.

03172005 Chg-LP CR2E003 (10/03)

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

**EDWARDS, JOSEPH D  
201 NORTH 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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000023443**  
NAME **PARKER-RALEIGH DEVELOPMENT XXIV, INC.**  
STREET ADDRESS **5500-103 ATLANTIC SPRINGS RD.**  
CITY-ST-ZIP **RALEIGH, NC 27616**

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)(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: *Nancy C. O'Laing*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Nancy C. O'Laing**

**4/27/05**

Date

**919-872-9000**

Daytime Phone #

STAPLE CHECK HERE