

FILE OR CANCEL BEFORE FEBRUARY 28, 1999. LATE FILING
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership PARKER-RALEIGH DEVELOPMENT XXV, LIMITED PARTNERSHIP		1a. DOCUMENT # A94000000510	
2. Mailing Address 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA FL 33602		3. Date Formed or Registered 04/11/1994	
2a. Principal Office Address 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA FL 33602		3a. Date of Last Report 10/03/1997	
2b. Suite, Apt. #, etc.		4. State or Country of Formation FL	
2c. City & State		5a. Capital Contributions as Shown on record. \$0.00	
2d. Zip Country		5b. Amount of Capital Contributions In FLORIDA to date: \$8.75 Additional Fee Required	
3. Date Formed or Registered 04/11/1994		6. FEI Number 59-3239447	
3a. Date of Last Report 10/03/1997		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
3b. State or Country of Formation FL		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent EDWARDS, JOSEPH D 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA FL 33602		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PARKER-RALEIGH DEVELOPMENT X	201 NORTH FRANKLIN ST	TAMPA FL 33602	P94000027699
000002748840--2 -01/21/99--01006--003 ****141.25 ****141.25			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <i>Adam Glick</i>		DATE <i>1/19/98</i>	
Typed or Printed Name of General Partner Signing Form <i>Adam Glick</i>		Daytime Telephone Number _____	

FILED
99 JAN -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2F003 (R/4/4)