

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000510

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

Suite 103

City & State

Raleigh, NC

Zip

27616

Country

USA

3. Mailing Address

5500 Atlantic Springs Road

Suite, Apt. #, etc.

Suite 103

City & State

Raleigh, NC

Zip

27616

Country

USA



03192004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3239447

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 # **P94000027699**
NAME **PARKER-RALEIGH DEVELOPMENT XXV, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

Date

919-872-9000

Daytime Phone #

STAPLE CHECK HERE