· 2003 LIMITED PARTNERSHIP · UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A94000000510	٦
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1. Entity Name PARKER-RALEIGH DEVELOPMENT XXV, LIMITED PARTNERS

Principal Place of Business 201 NORTH FRANKLIN STREET, SUITE 2100



Mailing Address 201 NORTH FRANKLIN STREET. SUITE 2100

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2. Principal Place of Business 3. Mailing Address			Address						100	
Suite, Apt. #, etc. Suite, Apt. #, et		t. #, etc.		DUE BY MAY 1, 2003						
City & Stat	te		City & Sta	ate		4. FEI Number	59-3239447		Applied Not Appl	
Zip		Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Registered Ag	ent		7. Name and A	ddress of New Reg	istered A	gent	
EDWARDS, JOSEPH D				Name						
	-		20	•	Street Address (P.O. Box Number is Not Acceptable)					
		IN STREET, SUITE 210	JU		order Address (1.0. Dox Harring) is Not Acceptable)					
TAMPA FI	L 33602								•	
					City			FL	Zip Code	
	tions of regist	y submits this statement fered agent. or printed name of registered agen			ed office or regis	stered agent, or both,	in the State of Florid	da. I am fa	miliar with, and ac	cept
9. Capital Co		\$0.00		nount of Capital Contri	butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STAT				TATE
as Shown				FLORIDA to date.	· ······	 			FEE INFORMATIO	N
		GENERAL PARTNER General Partners M								
12.		GENERAL PARTNE			<u> </u>		ADDRESS CHAN			
DOCUMENT #	CUMENT # P94000027699 ME PARKER-RALEIGH DEVELOPMENT XXV, INC. 201 NORTH FRANKLIN STREET, SUITE 2100		OTD)	TET ADDOCCO						
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14. Thereby 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-Raleigh Development XXV, Inc.

LLC its Managing Agent

Daytime Phone #

SIGNATURE: