	1								
200	1 UNIFORM BUS	INESS REPO	RT	(UBR)		•			
· '-	MENT # A9400	0001419		<u>-</u>					
PARKER-RALEIGH DEVELOPMENT XXVI, LIMITED PARTNER						FILED			
Principal Place of Business Mailing Address				 _	₍	01 APR 24 PM 3	: 40		
201 NORTH FRANKLIN STREET. SUITE 2100 201 NORTH FRANKLIN STRI TAMPA FL 33602 TAMPA FL 33602			reet. Su	ITE 2100					
						SECRETARY OF S	ORIDA 		
2. Principal f	Place of Business	3. Mailing Address				<u> </u>	 		
Suite, Apt	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State			4, FEI Number	4. FEI Number 59-3292699 Applied For Not Applicable			
Zip Country		Zip	Country		5. Certificate of	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current R		legistered Agent			7. Name and Address of New Registered Agent				
EDWARDS, JOSEPH D 201 NORTH FRANKLIN STREET, SUITE 2100				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33602						;			
				City FL Zip Code				p Code	
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	d office or regis	stered agent, or both	, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOT	F: Registered	Agent signature reg	uired when reinstating)	DATE			
9. Capital Co		10. Amount of Capit			DIGO WIGHTEN SERVING	11. MAKE CHECK PAYAB		EPT. OF STATE	
as Shown on record. in FLORIDA to da				UST BE REG	SEE REVERSE SIDE FOR FEE INFORMATION E REGISTERED AND ACTIVE WITH THIS OFFICE.				
	NOTE: General Partners MA			to change a general p	artner.				
DOCUMENT#				- T		ADDRESS CHANGES C	NLY		
NAME	PARKER-RALEIGH DEVELOPMENT 201 NORTH FRANKLIN STREET,		ł	ET ADDRESS				-	
CITY-ST-ZIP	TAMPA FL 33602		CITY-	ST-ZIP					
DOCUMENT # NAME STREET ADDRESS	ESS			ET ADDRESS				· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP				ST-ZIP					
NAME			STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	ST-ZIP	5 (500004152845=-9 -05/08/0101102033 ****141.25 ****141.25			
DOCUMENT # NAME			STREE	ET ADDRESS					
CITY-ST-21P				ST-ZIP					
DOCUMENT # NAME STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-≹IP			CITY-	ST-ZIP					
DOCUMENT # NAME STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
14. I hereby o	certify that the information supplied with	this filing does not qualify for	the exem	nption stated in	Section 119.07(3)(i),	Florida Statutes. I further c	ertify tha	t 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 Pathe receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Parker-Bateigh Development XXVI, Inc.

By: Parker Lincoln Developers, Inc. its managing Agent

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #