


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000001419					
1. Entity Name PARKER-RALEIGH DEVELOPMENT XXVI, 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			3. Mailing Address 5500 Atlantic Springs Road		
Suite, Apt. #, etc. Suite 103			Suite, Apt. #, etc. Suite 103		
City & State Raleigh, NC			City & State Raleigh, NC		
Zip 27616		Country USA	Zip 27616		Country USA
4. FEI Number 59-3292699			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P94000077056		STREET ADDRESS	5500-103 Atlantic Springs Road	
NAME	PARKER-RALEIGH DEVELOPMENT XXVI, INC.		CITY-ST-ZIP	Raleigh, NC 27616	
STREET ADDRESS	201 NORTH FRANKLIN STREET, SUITE 2100				
CITY-ST-ZIP	TAMPA, FL 33602				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	900035801409 05/10/04--01039--011 **141.25	
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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: <i>Nancy C. O'Leary</i>			4/7/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Nancy C. O'Leary</i>			919-872-9000 Daytime Phone #		

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