

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000001419					
1. Entity Name PARKER-RALEIGH DEVELOPMENT XXVI, LIMITED PARTNERSHIP					
Principal Place of Business 5500 ATLANTIC SPRINGS RD. STE. 103 RALEIGH, NC 27616			Mailing Address 5500 ATLANTIC SPRINGS RD. STE. 103 RALEIGH, NC 27616		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3292699	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDWARDS, JOSEPH D 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602			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 _____					
Signature, typed or printed name of registered agent and state if applicable.					
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		
NAME	PARKER-RALEIGH DEVELOPMENT XXVI, INC.		CITY - ST - ZIP		
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD.				
CITY - ST - ZIP	RALIEGH, NC 27616				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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'Laric</i>			4/27/05		919-872-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Nancy C. O'Laric					

STAPLE CHECK HERE