FILED *2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State DOCUMENT # P94000023443 1. Entity Name 05-20-2002 90101 016 ***150.00 PARKER-RALEIGH DEVELOPMENT XXIV. INC. Principal Place of Business Mailing Address 201 N. FRANKLIN ST. 201 N. FRANKLIN ST. **SUITE 2100 SUITE 2100 TAMPA FL 33602 TAMPA FL 33602** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3239439 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent. EDWARDS, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN ST. **SUITE 2100 TAMPA FL 33602** City 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. £ SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PSD ☐ Delete TITLE ☐ Change ☐ Addition NAME GLICK, ADAM NAME STREET ADDRESS 118 W. 57TH ST. STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME PARKER, JACK STREET ADDRESS STREET ADDRESS 118 W 57TH STREET CITY-ST-7IE CITY-ST-7IP NY NY VAS- ------ Delete ☐ Change TITLE TITLE Addition NAME MITCHELL, STEPHEN J. NAME STREET ADDRESS STREET ADDRESS 201 N FRANKLIN STREET SUITE 2100 CITY-ST-7/P CITY-ST-7IP tampa fl TITLE VAS ☐ Delete TITLE ☐ Change ☐ Addition NAME BRADY, DAVID NAME STREET ADDRESS 5500-103 ATLANTIC SPRINGS RD STREET ADDRESS CITY-ST-ZIP RALEIGH NC CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE: