


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90318 016 \*\*\*150.00

<b>DOCUMENT # P94000027699</b>	
1. Entity Name <b>PARKER-RALEIGH DEVELOPMENT XXV, INC.</b>	

Principal Place of Business <b>201 N. FRANKLIN ST. SUITE 2100 TAMPA, FL 33602</b>	Mailing Address <b>201 N. FRANKLIN ST. SUITE 2100 TAMPA, FL 33602</b>
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2. Principal Place of Business <b>5500 Atlantic Springs Road Suite, Apt. #, etc. Suite 103 City &amp; State Raleigh, NC Zip 27616</b>	3. Mailing Address <b>5500 Atlantic Springs Road Suite, Apt. #, etc. Suite 103 City &amp; State Raleigh, NC Zip 27616</b>	Country <b>USA</b>
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03192004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3239436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>EDWARDS, JOSEPH D 201 N. FRANKLIN ST. SUITE 2100 TAMPA, FL 33602</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD GLICK, ADAM 118 W. 57TH ST. NEW YORK, NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/AS/D Glick, Adam P. 1700 Broadway Avenue 34th Floor New York, NY 10019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT PARKER, JACK 118 W 57TH STREET NY, NY</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S Brady, David L. 5500-103 Atlantic Springs Road Raleigh, NC 27616</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS MITCHELL, STEPHEN J. 201 N FRANKLIN STREET SUITE 2100 TAMPA, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/AS Gordon, Richard C. 1700 Broadway Avenue 34th Floor New York, NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS BRADY, DAVID 5500-103 ATLANTIC SPRINGS RD RALEIGH, NC</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T Vaganay, Jean-Pierre 1700 Broadway Avenue 34th Floor New York, NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/AT O'Larnic, Nancy C. 5500-103 Atlantic Springs, Road Raleigh, NC 27616</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/AS Fuller, Kenneth 5500-103 Atlantic Springs Road Raleigh, NC 27616</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy C. O'Larnic* **4/7/04** 919-872-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment*

**DOCUMENT #P94000027699**

**1. Entity Name**

**PARKER-RALEIGH DEVELOPMENT XXV, INC.**

**2. Principal Place of Business**

5500 Atlantic Springs Road

**2. Mailing Address**

5500 Atlantic Springs Road

**Suite, Apt. #, etc**

Suite 103

**Suite, Apt. #, etc**

Suite 103

**City & State**

Raleigh, NC

**City & State**

Raleigh, NC

**4. FEI Number**

59-3239436

**Zip**

27616

**Country**

USA

**Zip**

27616

**Country**

USA

**11. Additions/Changes to Officers and Directors in 11**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

V/AS

Ratlledge, Toler W.

5500-103 Atlantic Springs Road

Raleigh, NC 27616

☐ **Change**

☒ **Addition**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

AS

Poor, Vickie B.

5500-103 Atlantic Springs Road

Raleigh, NC 27616

☐ **Change**

☒ **Addition**