B94000000224

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 623536 162967A

AUTHORIZATION :

COST LIMIT : $ 35.00

Patricia Pettit

ORDER DATE : March 14, 2000

ORDER TIME : 10:10 AM

ORDER NO. : 623536-120

CUSTOMER NO: 162967A

CUSTOMER: Carolyn Barr, Legal Asst
Liberty Property Trust
Suite 100, Great Valley Corp.
65 Valley Stream Parkway
Malvern, PA 19355

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -5 PM 1:57

CHANGE OF AGENT

NAME: LIBERTY PROPERTY LIMITED PARTNERSHIP

RECEIVED
00 APR -5 AM 11:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

100003196741--6

CONTACT PERSON: Janna Wilson

3K 4/5

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILED
SECRETARY STATE
DIVISION OF CORPORATIONS
00 APR -5 PM 1:57

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. LIBERTY PROPERTY LIMITED PARTNERSHIP
Name of the limited partnership

2. June 10, 1994
Date of filing/registration in Florida

3. B94000000224
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Liberty Property Trust
Name

1200 Riverplace Blvd. Suite 315
Address

Tallahassee, FL 32301
City, State and Zip

5. The name and address of the new registered agent and/or office:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **not** acceptable)

Tallahassee, FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Signature of General Partner Liberty Property Trust, sole general partner
Robert E. Fenza, Exec. Vice President

I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

By: Laura R. Dunf
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: $35.00

INHS04(9/97)