2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMEN## B9400000224 1. Entity Name PENNSYLVANIA LIBERTY PROPERTY LIMITED PARTNERSHI				SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address				<u></u>	00 MAY -9 PM 1: 17	
GREAT VALLE	Y CORPORATE CENTER REAM PARKWAY, SUITE 100	GREAT VALLEY CORPORATE CENTER 65 VALLEY STREAM PARKWAY, SUITE 100 MALVERN PA 19355-1460				
2. Principal Pl	ace of Business	3. Mailing Address			T MORANGA HOLD NOVA BLOSA DOSAN BONAN BONAN BONAN DOSAN DOSAN DANNO HADA HOLD BARA HEBI Taranga hada bara bara baran bonan bonan bonan bonan bonan baran baran baran baran baran baran baran hebi	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 23-2766549 Applied For Not Applicable	
Zip	Country	Zip	Coun	try .	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Ag		legistered Agent			7. Name and Address of New Registered Agent	
LIBERTY PROPERTY TRUST 1200 RIVERPLACE BLVD., SUITE 315 JACKSONVILLE FL 32207				Street Address (Corporation. Service Company— reet Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
				City Talla		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) 9. Capital Colorabutions as Shown on record. 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 # NAME STREET ADDRESS CITY-ST-ZIP	D94000000012 LIBERTY PROPERTY TRUST 65 VALLEY STREAM PARKWAY, SUITE 100 MALVERN PA 19355			-ST-ZIP	000032564205 -05/17/0001088024 ****141.25 ****141.25	
DOCUMENT# NAME			STR	EET ADDRESS	•	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT# NAME		-	STR	EET ADDRESS		
STREET ADDRESS CITY - ST - ZEP		-16	СПУ	-ST-ZIP		
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STREET ADDRESS CITY - ST - ZBP			CITY	-ST-ZIP		
DOCUMENT# NAME				EET ADDRESS	<u> </u>	
STREET AGURESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME		-	STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				'-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: By: SIGNATURE REQUIRED Composition of Signature and typed on printed name of signing general partner James J. Bowes, Secretary

(610) 648-1700

Daytime Phone #