2001 UNIFORM BUSINESS REPORT (UBR)

001967 AB

DOCUMENT # B94000000224

1. Entity Name

PENNSYLVANIA LIBERTY PROPERTY LIMITED PARTNERSHI

FILED
01 APR -4 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
GREAT VALLEY CORPORATE CENTER 65 VALLEY STREAM PARKWAY. SUITE 100 MALVERN PA 19355	GREAT VALLEY CORPORATE CENTER 65 VALLEY STREAM PARKWAY. SUITE 100 MALVERN PA 19355

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2766549 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $31.50	10. Amount of Capital Contributions in FLORIDA to date. 0	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	D94000000012	STREET ADDRESS	
NAME	LIBERTY PROPERTY TRUST		
STREET ADDRESS	65 VALLEY STREAM PARKWAY, SUITE 100	CITY-ST-ZIP	
CITY-ST-ZIP	MALVERN PA 19355		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	900003994089--6
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CR2E003 (11/00)

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

Liberty Property Limited Partnership
By: Liberty Property Trust
SIGNATURE: By: [signature] 3-30-01 (610) 648-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
James J. Bowes, Secretary