

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # B94000000224					
1. Entity Name PENNSYLVANIA LIBERTY PROPERTY LIMITED PARTNERSHIP					
Principal Place of Business GREAT VALLEY CORPORATE CENTER 65 VALLEY STREAM PARKWAY, SUITE 100 MALVERN, PA 19355			Mailing Address 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.		02102004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 23-2766549	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and file if applicable.					
9. Capital Contributions as Shown on record \$31.50		10. Amount of Capital Contributions in FLORIDA to date. 0			
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	NAME LIBERTY PROPERTY TRUST		STREET ADDRESS	_____	
STREET ADDRESS 65 VALLEY STREAM PARKWAY, SUITE 100	MALVERN, PA 19355		CITY-ST-ZIP	_____	
DOCUMENT # _____	NAME _____		STREET ADDRESS	_____	
STREET ADDRESS _____	_____		CITY-ST-ZIP	_____	
DOCUMENT # _____	NAME _____		STREET ADDRESS	_____	
STREET ADDRESS _____	_____		CITY-ST-ZIP	_____	
DOCUMENT # _____	NAME _____		STREET ADDRESS	_____	
STREET ADDRESS _____	_____		CITY-ST-ZIP	_____	
DOCUMENT # _____	NAME _____		STREET ADDRESS	_____	
STREET ADDRESS _____	_____		CITY-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)(b), Florida Statutes. I further certify that the information indicated on this report is true and correct 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 stated in Chapter 680, Florida Statutes. By <u>Liberty Property Trust, its sole general partner</u>					
SIGNATURE: <u>James J. Bowes</u>			Date <u>2-11-04</u>		Daytime Phone # <u>610-648-1700</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <u>James J. Bowes</u>					

STAPLE CHECK HERE