2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -8 AM 11:18

DOCUMENT # B94000000224

1. Entity Name
PENNSYLVANIA LIBERTY PROPERTY LIMITED PARTNERSHIP

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

01252005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Great Valley Corporate Center	Great Valley Corporate Center
Suite, Apt. #, etc.: 500 Chesterfield Parkway	Suite, Apt. #, etc.: 500 Chesterfield Parkway
City & State: Malvern, PA	City & State: Malvern, PA
Zip: 19355 Country: USA	Zip: 19355 Country: USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$31.50	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	STREET ADDRESS	500 Chesterfield Parkway
NAME	LIBERTY PROPERTY TRUST	CITY-ST-ZIP	Malvern, PA 19355
STREET ADDRESS	65 VALLEY STREAM PARKWAY, SUITE 100		
CITY-ST-ZIP	MALVERN, PA 19355		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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, ITS SOLE GP

SIGNATURE: BY: _____ 1-26-04 610 648 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #