## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

**DOCUMENT # B94000000224** 

PENŃSYLVANIA LIBERTY PROPERTY LIMITED **PARTNERSHIP** 



Principal Place of Business

**GREAT VALLEY CORPORATE CENTER 500 CHESTERFIELD PARKWAY** MALVERN, PA 19355

Mailing Address

**GREAT VALLEY CORPORATE CENTER 500 CHESTERFIELD PARKWAY** MALVERN, PA 19355

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 MAR 12 AM 8: 41



## **DŐ NOT WRITE IN THIS SPACE**

02062008 No Chg-LP

CR2E003 (12/06)

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                                                         |                                                                                                          |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525                  |                                                                                                        | DO NOT WRITE<br>IN THIS SPACE                                                                            |
|                                                                                          | named entity submits this statement for the purpose of changing its registereions of registered agent. | ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept          |
| SIGNATURE Signature, typed or printed name of registered agent and trille if applicable. |                                                                                                        | DATE                                                                                                     |
|                                                                                          | FiLE NOW!!! FEE IS \$500.00<br>After May 1, 2008, Fee will be \$900.00                                 | 800120725108<br>03/19/0801024007 **500.00                                                                |
|                                                                                          | A GENERAL PARTNER THAT IS A BUSINESS ENTITY M<br>NOTE: General Partners MAY NOT be changed on the form | UST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ; an amendment must be filed to change a general partner. |
| 12.                                                                                      | GENERAL PARTNER INFORMATION                                                                            |                                                                                                          |
| DOCUMENT #                                                                               | D9400000012                                                                                            |                                                                                                          |
| NAME                                                                                     | LIBERTY PROPERTY TRUST                                                                                 |                                                                                                          |
| STREET ADDRESS                                                                           | 500 CHESTERFIELD PKWY                                                                                  | •                                                                                                        |
| CITY-ST-ZIP                                                                              | MALVERN, PA 19355                                                                                      | •                                                                                                        |
| DOCUMENT #                                                                               |                                                                                                        |                                                                                                          |
| NAME                                                                                     |                                                                                                        |                                                                                                          |
| STREET ADDRESS                                                                           | ]                                                                                                      |                                                                                                          |
| CITY-ST-ZIP                                                                              |                                                                                                        | المانغ المرافاة فيتنا والمتعلق والمناع ويتعامل المناع المناع المتعاد المهوات المتعارضيا المتعاديات       |
| DOCUMENT #                                                                               |                                                                                                        |                                                                                                          |
| NAME                                                                                     |                                                                                                        |                                                                                                          |
| STREET ADDRESS                                                                           |                                                                                                        | DO NOT WRITE                                                                                             |
| CITY-ST-ZIP                                                                              |                                                                                                        | INI THIS SPACE                                                                                           |
| DOCUMENT #                                                                               |                                                                                                        | IN THIS SPACE                                                                                            |
| NAME                                                                                     |                                                                                                        |                                                                                                          |
| STREET ADDRESS                                                                           | l l                                                                                                    |                                                                                                          |
| CITY-ST-ZIP                                                                              |                                                                                                        |                                                                                                          |
| DOCUMENT #                                                                               |                                                                                                        |                                                                                                          |
| NAME .                                                                                   |                                                                                                        |                                                                                                          |
| STREET ABDRESS                                                                           |                                                                                                        | •                                                                                                        |
| CITY-ST-ZIP                                                                              |                                                                                                        | •                                                                                                        |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report in true approach and the partnership or the receiver or trusted engagement. The property of the limited partnership or the receiver or trusted engagement. On the partnership of the receiver or trusted engagement. By: Liberty Property Trust, Sole General Pertner

DOCUMENT # NAME STREET ADDRESS CITY-ST-2IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

610-648-1700

Daytime Phone #