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SECRETARY OF STATE TALLAHASSEE, FLORIDA

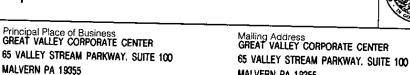
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MALVERN PA 19355

B9400000224 **DOCUMENT #**

1. Entity Name
PENNSYLVANIA LIBERTY PROPERTY LIMITED PARTNERSHI

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MALVERIA LA 19339						110010	i and and and a second and a se	IIKI BOSIK DOMA MONO MBIK DIAD KADI
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE DV MAY A DOOR		
City & State			City & State		DUE BY MAY 1, 2003 4. FEI Number 23-2766540 Applied For			
Zip Country						4. FEI Number 23-2766549 Applied For Not Applicable		
		· .	Zip	Country		5. Certificate of	of Status Desired	\$8.75 Additional
6. Name and Address of Current Registered Agent						Fee Required 7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY					Name	- Total Registered Agent		
1	YS STREET			Street Address		(P.O. Box Number is Not Acceptable)		
TALLAHA	SSEE FL 32	301-2525		-				
}			•	City				
 The above named entity submits this statement for the purpose of changing its the obligations of registered agent. 					•	FL Zip Code		
the obligat	tions of registe	ered agent.	and purpose of changing its	registered	office or registere	ed agent, or both,	, in the State of Florida. I ar	n familiar with, and accept
SIGNATURE .	Signature to a d							
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Contributions DATE								
as Shown on record.		in FLORIDA to da	10. Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYABL	A = ===	
	A G NOTE:	ENERAL PARTNER TH	AT IS A BUSINESS ENT	TITY MUS	T BE REGIST	ERED AND AC		
12. GENERAL PARTNER INFORMATION					ii, all amendment must be filed to change a general partner.			
DOCUMENT # D9400000012				13.		ADDRESS CHANGES ONLY		
NAME	LIBERTY PF	ROPERTY TRUST		STREET A	DDRESS			
STREET ADDRESS	65 VALLEY	STREAM PARKWAY, S	UITE 100					
CITY-ST-ZIP	MALVERN F	PA 19355	- <u></u>	CITY-ST-	ZIP	100011989921		21
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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:

610-648-1700

CR2E003 (10/02)