

2002 UNIFORM BUSINESS REPORT (UBR)

0018816 AB

DOCUMENT # B99000000424

1. Entity Name

EASTERN RETAIL HOLDINGS LIMITED PARTNERSHIP

FILED

02 APR 23 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
259 NORTH RADNOR-CHESTER ROAD, SUITE 200
RADNOR PA 19087

Mailing Address
259 NORTH RADNOR-CHESTER ROAD, SUITE 200
RADNOR PA 19087

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

23-2985890

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

DATE

9. Capital Contributions
as Shown on record.

\$7,750,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

7,750,000

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 # F99000006110
NAME LMRES REAL ESTATE ADVISERS, INC.
STREET ADDRESS 1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA 19103-7501

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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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)(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:

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

4/19/02 610-341-5200
Date Daytime Phone #

CR2E003 (9/01)