

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # B99000000424**

1. Entity Name

**EASTERN RETAIL HOLDINGS LIMITED PARTNERSHIP**



**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**04 APR 19 PM 2:13**

Principal Place of Business

**259 NORTH RADNOR-CHESTER ROAD, SUITE  
RADNOR PA 19087**

Mailing Address

**259 NORTH RADNOR-CHESTER ROAD, SUITE  
RADNOR PA 19087**

2. Principal Place of Business

**555 CROTON RD**

Suite, Apt. #, etc.

**120**

3. Mailing Address

**555 CROTON RD**

Suite, Apt. #, etc.

**120**

City & State

**KING OF PRUSSIA PA**

City & State

**KING OF PRUSSIA PA**

Zip

**19406**

Country

Zip

**19406**

Country

4. FEI Number

**23-2985890**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**



MOORE

CR2E003 (11/03)

6. Name and Address of Current Registered Agent

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

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

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 FL. 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

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

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

**400035819114  
05/10/04--01067--010 \*\*526.25**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE