

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006110

1. Entity Name

LMRES REAL ESTATE ADVISERS, INC.

APPROVED
AND
FILED

00 SEP 28 AM 9:58

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: Suite, Apt. #, etc. City & State
3. Mailing Address: Suite, Apt. #, etc. City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number: 23-1695311 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000, Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing: \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: P NAME: CALLANTINE, DOUGLAS S STREET ADDRESS: 1735 MARKET STREET, 12TH FLOOR CITY-ST-ZIP: PHILADELPHIA PA 19103-7501	<input type="checkbox"/> Delete
TITLE: V NAME: LAYMAN, RICHARD K STREET ADDRESS: 1735 MARKET STREET, 12TH FLOOR CITY-ST-ZIP: PHILADELPHIA PA 19103-7501	<input type="checkbox"/> Delete
TITLE: AS NAME: RANDOLPH, JOHN S JR. STREET ADDRESS: 259 NORTH RADNOR-CHESTER ROAD, SUITE 200 CITY-ST-ZIP: RADNOR PA 19087	<input type="checkbox"/> Delete
TITLE: T NAME: MCPAUL, MICHAEL STREET ADDRESS: 1735 MARKET STREET, 12TH FLOOR CITY-ST-ZIP: PHILADELPHIA PA 19103-7501	<input type="checkbox"/> Delete
TITLE: D NAME: D'ALESSIO, M. WALTER STREET ADDRESS: 1735 MARKET STREET, 12TH FLOOR CITY-ST-ZIP: PHILADELPHIA PA 19103-7501	<input type="checkbox"/> Delete
TITLE: D NAME: BUTCHENHART, R. CRAIG STREET ADDRESS: 1735 MARKET STREET, 12TH FLOOR CITY-ST-ZIP: PHILADELPHIA PA 19103-7501	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

400003417574-1
-10/06/00--01124--004
****550.00 ****550.00

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)