

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
02 APR 23 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000006110

1. Entity Name  
LMRES REAL ESTATE ADVISERS, INC.

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

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

Zip, Country

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution:  \$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 600005451946--1 -05/06/02--01009--031 ****150.00 ****150.00
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

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: \_\_\_\_\_ DATE: 4/15/02 DAYTIME PHONE: 610-344-9200