



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90443 027 ***150.00

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 555 CROTON RD		3. Mailing Address 555 CROTON RD			
Suite, Apt. #, etc. 120		Suite, Apt. #, etc. 120			
City & State KING OF PRUSSIA, PA		City & State KING OF PRUSSIA, PA			
Zip 19406		Zip 19406			
4. FEI Number 23-1695311				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALLANTINE, DOUGLAS S 1735 MARKET STREET, 12TH FLOOR PHILADELPHIA, PA 191037501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAYMAN, RICHARD K 1735 MARKET STREET, 12TH FLOOR PHILADELPHIA, PA 191037501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RANDOLPH, JOHN S JR. 259 NORTH RADNOR-CHESTER ROAD, SUITE 200 RADNOR, PA 19087 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCPAUL, MICHAEL 1735 MARKET STREET, 12TH FLOOR PHILADELPHIA, PA 191037501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ALESSIO, M. WALTER 1735 MARKET STREET, 12TH FLOOR PHILADELPHIA, PA 191037501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHENHART, R. CRAIG 1735 MARKET STREET, 12TH FLOOR PHILADELPHIA, PA 191037501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 4/21/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					