


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

2. Principal Place of Business      3. Mailing Address  
**555 Croton Rd**      **555 Croton Rd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**120**      **120**

City & State      City & State  
**KING OF PRUSSIA, PA**      **KING OF PRUSSIA, PA**  
 Zip      Zip  
**19406**      **19406**      Country



04222004      Chg-P      CR2E034 (10/03)

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

5. Certificate of Status Desired            **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLANTINE, DOUGLAS S	NAME	
STREET ADDRESS	1735 MARKET STREET, 12TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 191037501	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYMAN, RICHARD K	NAME	
STREET ADDRESS	1735 MARKET STREET, 12TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 191037501	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, JOHN S JR.	NAME	
STREET ADDRESS	259 NORTH RADNOR-CHESTER ROAD, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	RADNOR, PA 19087	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPAUL, MICHAEL	NAME	
STREET ADDRESS	1735 MARKET STREET, 12TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 191037501	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESSIO, M. WALTER	NAME	
STREET ADDRESS	1735 MARKET STREET, 12TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 191037501	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHENHART, R. CRAIG	NAME	
STREET ADDRESS	1735 MARKET STREET, 12TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 191037501	CITY-ST-ZIP	

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 #