


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000006110
1. Entity Name
LMRES REAL ESTATE ADVISERS, INC.



Principal Place of Business Mailing Address
555 CROTON RD., #120 **555 CROTON RD., #120**
KING OF PRUSSIA, PA 19406 **KING OF PRUSSIA, PA 19406**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

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
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CALLANTINE, DOUGLAS S
STREET ADDRESS	1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 191037501
TITLE	V
NAME	LAYMAN, RICHARD K
STREET ADDRESS	1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 191037501
TITLE	AS
NAME	RANDOLPH, JOHN S JR.
STREET ADDRESS	259 NORTH RADNOR-CHESTER ROAD, SUITE 200
CITY-ST-ZIP	RADNOR, PA 19087
TITLE	T
NAME	MCPAUL, MICHAEL
STREET ADDRESS	1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 191037501
TITLE	D
NAME	D'ALESSIO, M. WALTER
STREET ADDRESS	1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 191037501
TITLE	D
NAME	BUTCHENHART, R. CRAIG
STREET ADDRESS	1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 191037501

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05/02/05-80029-024-1507.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John S. Randolph, Jr.* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **John S. Randolph, Jr.** **4/25/05** **610-337-7619**
Date Daytime Phone #