

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91379 001 ***150.00

0619787 AT

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1695311**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-19.07(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 empowers.

SIGNATURE: *John S. Randolph* Date: 4/23/03 Daytime Phone #: 610-341-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)