## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000030201

Entity Name: TOWNE CENTER PROPERTIES INC

17613-D ASHBOURNE LANE

BOCA RATON, FL 33496

Address: City-St-Zip: FILED Apr 15, 2004 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
620 COLLEGE AVENUE HAVERFORD, PA 19041			SUITE G101	600 HAVERFORD ROAD SUITE G101 HAVERFORD, PA 19041	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
620 COLLEGE AVENUE HAVERFORD, PA 19041			SUITE G101	600 HAVERFORD ROAD SUITE G101 HAVERFORD, PA 19041	
FEI Number:	: 23-2748442	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
2400 E. CO	ROBERT W J OMMERCIAL E ERDALE, FL 3	BLVD., SUITE 826			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD ( ) BELMONT, BAF 620 COLLEGE HAVERFORD, I	AVE.	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( ) BELMONT, GO 76245 FAIRWA INDIAN WELLS	Y DR.	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name:	TD ( ) GRESSEN, JAC	Delete CK	Title: ( ) Name:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BARRY J. BELMONT PSD 04/15/2004