


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90094 001 ***300.00

DOCUMENT # P13344	
1. Entity Name LIBERTY PROPERTIES GROUP, INC.	

Principal Place of Business 135 SOUTH MAIN STREET GREENVILLE, SC 29601	Mailing Address PO BOX 502 GREENVILLE, SC 29602-0502 US
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66430456



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07012004 Chg-P CR2E034 (10/03)

4. FEI Number 57-0836136	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
COMMANDER, CHARLES E. 200 LAURA STREET JACKSONVILLE, FL 32202	

7. Name and Address of New Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable)	
1200 South Pine Island Road	
City Plantation	Zip Code FL 33324

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 <i>Joan Bolden</i>	JOAN BOLDEN ASSISTANT SECRETARY 7/15/04

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIPP, HAYNE 135 SOUTH MAIN STREET GREENVILLE, SC 29601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESSON, MARK D 135 SOUTH MAIN STREET GREENVILLE, SC 29601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & Controller Jonathan W. Norwood 135 South Main Street Greenville, SC 29601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, MARTHA G 135 SOUTH MAIN STREET GREENVILLE, SC 29601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: <i>Martha G. Williams</i>	July 6, 2004	(864) 241-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Martha G. Williams	Date	Daytime Phone #