2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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TALLAHASSEE FLORIDA DOCUMENT # A02000001538 08 MAY -1 AH 8: 20 FIRST STATES INVESTORS 3006, LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 610 OLD YORK ROAD 610 OLD YORK ROAD SUITE 300 SUITE 300 JENKINTOWN, PA 19046 JENKINTOWN, PA 19046 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Lexington Ave 680 Old York Road 04292008 CR2E003 (12/06) Jenkintown, PA 19046 City & State 4 FFI Number Applied For 48-1301379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L02000031276 DOCUMENT A STREET ADDRESS NAME FIRST STATES INVESTORS 3006, LLC STREET ADDRESS 610 OLD YORK RD SUITE 300 CITY-ST-ZIP CITY-ST-ZIP JENKINTOWN, PA 19046 DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP 05/01/08--01043--016 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: YEO NAME OF SIGNING GENERAL PARTNER

States Investors 3006, LLC General Partner

SECRETARY OF STATE