

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 FEB 19 AM 9:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01232007 Chg-LP CR2E003 (12/06)

DOCUMENT # A02000001540	
1. Entity Name FIRST STATES INVESTORS 3004, LIMITED PARTNERSHIP	

Principal Place of Business 1725 THE FAIRWAY JENKINTOWN, PA 19046	Mailing Address 1725 THE FAIRWAY JENKINTOWN, PA 19046
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2. Principal Place of Business - No P.O. Box # 610 Old York Road Suite, Apt. #, etc. Suite 300 City & State Jenkintown, PA Zip 19046 Country USA	3. Mailing Address 610 Old York Road Suite, Apt. #, etc. Suite 300 City & State Jenkintown, PA Zip 19046 Country USA
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-0525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007, 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # L02000031286	NAME FIRST STATES INVESTORS 3004, LLC	STREET ADDRESS	610 Old York Road, Ste. 300
STREET ADDRESS 1725 THE FAIRWAY	CITY-ST-ZIP JENKINTOWN, PA 19046	CITY-ST-ZIP	Jenkintown, PA 19046
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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02/23/07--01009--013 **500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/15/2007

215.887.2280

Date

Daytime Phone #

By: **Edward J. Maty Jr.**
Vice President of General Partner

STAPLE CHECK HERE