

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A02000001543**

1. Entity Name  
**FIRST STATES INVESTORS 3009, LIMITED PARTNERSHIP**



Principal Place of Business  
**1725 THE FAIRWAY  
 JENKINTOWN, PA 19046**

Mailing Address  
**1725 THE FAIRWAY  
 JENKINTOWN, PA 19046**

2. Principal Place of Business - No P.O. Box #

**610 Old York Rd.**

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**

01232007

Chg-LP

CR2E003 (12/06)

4. FEI Number  
**48-1304385**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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

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

DOCUMENT # **L02000031303**  
 NAME **FIRST STATES INVESTORS 3009, LLC**  
 STREET ADDRESS **1725 THE FAIRWAY**  
 CITY-ST-ZIP **JENKINTOWN, PA 19046**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **610 Old York Rd., Ste. 300**  
 CITY-ST-ZIP **Jenkintown, PA 19046**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

By: **Edward J. Maty Jr.**  
 Vice President of general partner

**2/15/2007 215-887-2280**

STAPLE CHECK HERE

**FILED**  
**07 FEB 19 AM 9:49**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

