

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:20

DOCUMENT # A02000001544

1. Entity Name
FIRST STATES INVESTORS 77, LIMITED PARTNERSHIP



Principal Place of Business
**610 OLD YORK ROAD
 SUITE 300
 JENKINTOWN, PA 19046**

Mailing Address
**610 OLD YORK ROAD
 SUITE 300
 JENKINTOWN, PA 19046**

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

3. Mailing Address

Suite, Apt. #, etc.
19th Floor

S
**680 Old York Road
 c Jenkintown, PA 19046**

City & State
New York, NY

Zip
10170

Country
USA

Zip

Country

04292008 Chg-LP CR2E003 (12/06)

4. FEI Number
72-1541335

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, 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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L02000031297**
 NAME **FIRST STATES INVESTORS 77, LLC**
 STREET ADDRESS **610 OLD YORK RD, SUITE 300**
 CITY-ST-ZIP **JENKINTOWN, PA 19046**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **420 Lexington Ave., 19th Floor**
 CITY-ST-ZIP **New York, NY 10170**

DOCUMENT #
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 CITY-ST-ZIP

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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

04/28/2008 215.887-2280

Date

Daytime Phone #

First States Investors 77, LLC - General Partner
Robert A. Foley, President

STAPLE CHECK HERE