


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY 31 AM 9:27**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

DOCUMENT # B05000000282		
1. Entity Name FIRST STATES MANAGEMENT CORP., L.P.		

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 610 Old York Rd. Suite, Apt. #, etc. Ste. 300 City & State Jenkintown, PA Zip 19046 Country USA	3. Mailing Address 610 Old York Rd. Suite, Apt. #, etc. Ste. 300 City & State Jenkintown, PA Zip 19046 Country USA
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02272006 Chg-LP CR2E003 (11/05)

4. FEI Number 74-3084301	Applied For 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 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
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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.

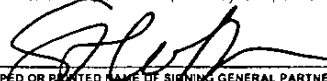
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	M03000001072 FIRST STATES MANAGEMENT, LLC 1725 THE FAIRWAY JENKINTOWN, PA 19046	STREET ADDRESS CITY-ST-ZIP	610 Old York Road, Ste. 300 Jenkintown, PA 19046
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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:**  **04/26/2006** **215-887-2280**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE