

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # B05000000282**

1. Entity Name  
**FIRST STATES MANAGEMENT CORP., L.P.**



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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06052007

Chg-LP

CR2E003 (12/06)

4. FEI Number

**74-3084301**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 # **M03000001072**  
 NAME **FIRST STATES MANAGEMENT, LLC**  
 STREET ADDRESS **610 OLD YORK ROAD, SUITE 300**  
 CITY-ST-ZIP **JENKINTOWN, PA 19046**

STREET ADDRESS

CITY-ST-ZIP

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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]*  
 First States Management, LLC - Managing Member

*[Signature]*  
 6/7/2007

215.887.2280

Date

Daytime Phone #

FILED -  
 07 JUN 26 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

