

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:20

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

420 Lexington Avenue, 19th Floor
 New York, NY 10170

680 Old York Road
 Jenkintown, PA 19046



04292008 Chg-LP CR2E003 (12/06)

4. FEI Number
 74-3084301

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country

Zip Country

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

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 420 Lexington Avenue, 19th Floor
 CITY-ST-ZIP New York, NY 10170

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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

4/28/2008

Date

215-387-2280

Daytime Phone #

First States Management, LLC - General Partner

STAPLE CHECK HERE