

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:20

**DOCUMENT # B05000000554**

1. Entity Name  
 FIRST STATES INVESTORS 4000A, 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

68-0542875

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 # M05000007152  
 NAME FIRST STATES INVESTORS 4000A GP, LLC  
 STREET ADDRESS 610 OLD YORK ROAD, SUITE 300  
 CITY-ST-ZIP JENKINTOWN, PA 19046

13. ADDRESS CHANGES ONLY

STREET ADDRESS

420 Lexington Avenue, 19th Floor

CITY-ST-ZIP

New York, NY 10170

DOCUMENT #

NAME  
 STREET ADDRESS  
 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

Date

Daytime Phone #

First States Investors 4000A GP, LLC - General Partner  
 Registered in PA, File 1-11-08 in PA Representative

4/28/2008

215-887-2280

STAPLE CHECK HERE