

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:20

DOCUMENT # B07000000096

1. Entity Name
FIRST STATES INVESTORS BRANCH TWO, 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.

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

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

04082008 Chg-LP CR2E003 (12/06)

4. FEI Number
20-8551974

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 # **M07000001697**
 NAME **FIRST STATES INVESTORS BRANCH TWO 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 #
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/2008

215-887-2280

First States Investors Branch Two Gp, LLC - General Partner

215-887-2280

STAPLE CHECK HERE