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

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # B07000000116 08 MAY -1 AM 8: 19 FIRST STATES INVESTORS 6000C, L.P. Principal Place of Business Mailing Address 610 OLD YORK ROAD, SUITE 300 610 OLD YORK ROAD, SUITE 300 JENKINTOWN, PA 19046 JENKINTOWN, PA 19046 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 420 Lexington Avenue, 19th Floor 680 Old York Road 04082008 Chg-LP CR2E003 (12/06) New York, NY 10170 Jenkintown, PA 19046 4. FEI Number Applied For 20.8753992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FL 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 ADDRESS CHANGES ONLY M07000001906 DOCUMENT 4 STREET ADDRESS 420 Lexington Avenue, 19th Floor FIRST STATES INVESTORS 6000C GP, LLC NAME New York, NY 10170 \_\_\_\_\_ STREET ADDRESS 610 OLD YORK ROAD, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP JENKINTOWN, PA 19046 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DÖCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILEU

First States Investors 60000 GP, LLC - General Partner

SIGNATURE: \_