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

TĂLLAHASSEE, FLORIDA DOCUMENT # B0700000320 08 MAY - 1 AM 8: 20 FIRST STATES INVESTORS BRANCH ONE, 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 680 Old York Road 420 Lexington Avenue, 19th Floor 04082008 CR2E003 (12/06) Chg-LP Jenkintown, PA 19046 New York, NY 10170 \_ \_ 4. FEI Number 30. 8919735 Applied For Not Applicable Zip Country 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, typed or printed name of registered agent and title II 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 M07000006250 DOCUMENT ( STREET ADDRESS 420 Lexington Avenue, 19th Floor FIRST STATES INVESTORS BRACH ONE GP, LLC NAME New York, NY 10170 STREET ADDRESS 610 OLD YORK ROAD SUITE 300 CITY-SI-ZIP CITY-ST-ZIP JENKINTOWN, PA 19046 DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <del>000128079</del>8 STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS 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 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

SECRETARY OF STATE

States Investors Branch One GP, LLC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: ..