


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90104 029 ****50.00

| | |
|---|---|
| DOCUMENT # L02000031251 |  |
| 1. Entity Name FIRST STATES INVESTORS 73, LLC | |

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|--|--|
| Principal Place of Business 610 OLD YORK RD SUITE 300 JENKINTOWN, PA 19046 | Mailing Address 610 OLD YORK RD SUITE 300 JENKINTOWN, PA 19046 |
|--|--|

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|---|---------|---------------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

05182007 Chg-LLC CR2E083 (12/06)

| | |
|------------------------------------|---|
| 4. FEI Number 43-1984730 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 |
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| | |
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| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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|--|--|
| Filing Fee is \$50.00 Due by September 14, 2007 | Make check payable to Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---------------------------------|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FIRST STATES GROUP, L.P. 610 OLD YORK RD SUITE 300 JENKINTOWN, PA 19046 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Edward L. Matey Jr. 6/7/2007 215-887-2280

First States Group, L.P. - Managing Member
By: First States Group, LLC - General Partner of Managing Member
By: Edward L. Matey Jr. - Executive Vice President of General Partner of Managing Member

Date Daytime Phone #