



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90275 024 ***50.00

DOCUMENT # L02000031269					
1. Entity Name FIRST STATES INVESTORS 3005, LLC					
Principal Place of Business 1725 THE FAIRWAY JENKINTOWN, PA 19046			Mailing Address 1725 THE FAIRWAY JENKINTOWN, PA 19046		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 46-0509588	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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 _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHORSCH, NICHOLAS S 1725 TH FAIRWAY 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	MGR BLUMENTHAL, GLENN 1725 TH FAIRWAY JENKINTOWN, PA 19046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA Glenn Blumenthal 1725 The Fairway Jenkintown, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIORLETTI, WILLIAM P 1725 TH FAIRWAY JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA James Ratner 1725 The Fairway Jenkintown, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SONYA A. HUFFMAN 1725 TH FAIRWAY JENKINTOWN, PA 19046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA Sonya A. Huffman 1725 The Fairway Jenkintown, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARD J. MATEY JR. 1725 TH FAIRWAY JENKINTOWN, PA 19046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA Edward J. Matey Jr. 1725 The Fairway Jenkintown, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARD J. MATEY JR. 1725 TH FAIRWAY JENKINTOWN, PA 19046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA Edward J. Matey Jr. 1725 The Fairway Jenkintown, PA 19046
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 608, Florida Statutes.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					