

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90070 013 ****50.00

DOCUMENT # L02000031276

1. Entity Name
FIRST STATES INVESTORS 3006, LLC



Principal Place of Business
**1725 THE FAIRWAY
JENKINTOWN, PA 19046**

Mailing Address
**1725 THE FAIRWAY
JENKINTOWN, PA 19046**

20041038



2. Principal Place of Business

610 Old York Road

3. Mailing Address

610 Old York Road

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

04242006

Chg-LLC

CR2E083 (11/05)

City & State

Jenkintown, PA

City & State

Jenkintown, PA

4. FEI Number

46-0509591

Applied For

Not Applicable

Zip

19046

Country

USA

Zip

19046

Country

USA

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **SCHORSCH, NICHOLAS S**
STREET ADDRESS **1725 THE FAIRWAY**
CITY-ST-ZIP **JENKINTOWN, PA 19046**

TITLE **MGRA** ☐ Delete
NAME **BLUMENTHAL, GLENN**
STREET ADDRESS **1725 THE FAIRWAY**
CITY-ST-ZIP **JENKINTOWN, PA 19046**

TITLE **MGR** ☒ Delete
NAME **RATNER, JAMES T**
STREET ADDRESS **1725 THE FAIRWAY**
CITY-ST-ZIP **JENKINTOWN, PA 19046**

TITLE **MGRA** ☐ Delete
NAME **MATEY, EDWARD J JR**
STREET ADDRESS **1725 THE FAIRWAY**
CITY-ST-ZIP **JENKINTOWN, PA 19046**

TITLE **MGRA** ☒ Delete
NAME **HUFFMAN, SONYA A**
STREET ADDRESS **1725 THE FAIRWAY**
CITY-ST-ZIP **JENKINTOWN, PA 19046**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **manager** ☒ Change ☒ Addition
NAME **First States Group, L.P.**
STREET ADDRESS **610 Old York Road, Ste. 300**
CITY-ST-ZIP **Jenkintown, PA 19046**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/26/2006

Date

Daytime Phone #

By: First States Group, L.P. - general partner of manager