2006 LIMITED LIABILITY COMPAN

May 01, 2006 8:00 am Secretary of State **ANNUAL RELORT DOCUMENT # L02000031282** 05-01-2006 90070 010 ****50.00 FIRST STATES INVESTORS 3008, LLC Principal Place of Business Mailing Address 20041041 1725 THE FAIRWAY 1725 THE FAIRWAY JENKINTOWN, PA 19046 JENKINTOWN, PA 19046 Mailing Address York Road 04242006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 46-0509597 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired (SSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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. (NOTE: Registered Agent signature required when reinstating) DATE A . . . Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. manager First States Group. L.P. 610 Old York ROAD, Str. 300 MGR Change TITLE Addition TITLE Delete SCHORSCH, NICHOLAS S NAME NAME STREET ADDRESS 1725 THE FAIRWAY STREET ADDRESS JENKINTOWN, PA 19046 CITY-ST-ZIP CITY+ST-7IP AS Delete TITLE TITLE ☐ Change ☐ Addition **BLUMENTHAL, GLENN** NAME NAME 1725 THE FAIRWAY STREET ADDRESS STREET ADDRESS JENKINTOWN, PA 19046 CITY-ST-ZIP CITY-ST-ZIP Defete TITLE AS TITLE ☐ Change ■ Addition RATNER, JAMES NAME NAME 1725 THE FAIRWAY STREET ADDRESS STREET ADDRESS JENKINTOWN, PA 19046 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition HUFFMAN, SONYA A NAME NAME 1725 THE FAIRWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENKINTOWN, PA 19046 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition MATEY, EDWARD J JR NAME NAME 1725 THE FAIRWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENKINTOWN, PA 19046 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: **Bu**: First manaaer

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.

IEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE