


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-17-2004 90275 022 \*\*\*\*50.00

**DOCUMENT # L02000031286**

1. Entity Name  
**FIRST STATES INVESTORS 3004, LLC**



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

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

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01232004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

4. FEI Number  
**46-0509583**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHORSCH, NICHOLAS S <input type="checkbox"/> Delete 1725 THE FAIRWAY JENKINTOWN, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLUMONTHAL, GLENN <input type="checkbox"/> Delete 1725 THE FAIRWAY JENKINTOWN, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIORLETTI, WILLIAM P <input checked="" type="checkbox"/> Delete 1725 THE FAIRWAY JENKINTOWN, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA Glenn Blumenthal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1725 The Fairway Jenkintown, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA James Ratner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1725 The Fairway Jenkintown, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA Edward J. Matey Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1725 The Fairway Jenkintown, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA Sonya A. Huffman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1725 The Fairway Jenkintown, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #