

# 2006 LIMITED LIABILITY ANNUAL REPORT MF

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

05-01-2006 90070 014 \*\*\*\*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  
**610 Old York Road**  
 Suite, Apt. #, etc.  
**Suite 300**

3. Mailing Address  
**610 Old York Road**  
 Suite, Apt. #, etc.  
**Suite 300**

04242006 Chg-LLC CR2E083 (11/05)

City & State  
**Jenkintown, PA**

City & State  
**Jenkintown, PA 19046**

Zip  
**19046**

Country  
**USA**

Country  
**USA**

4. FEI Number  
**46-0509583**

Applied For  
 Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MANAGER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHORSCH, NICHOLAS S		NAME	First States Group, L.P.	
STREET ADDRESS	1725 THE FAIRWAY		STREET ADDRESS	610 Old York Road, Ste. 300	
CITY-ST-ZIP	JENKINTOWN, PA 19046		CITY-ST-ZIP	Jenkintown, PA 19046	
TITLE	A	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, GLENN		NAME		
STREET ADDRESS	1725 THE FAIRWAY		STREET ADDRESS		
CITY-ST-ZIP	JENKINTOWN, PA 19046		CITY-ST-ZIP		
TITLE	A	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATRER, JAMES T		NAME		
STREET ADDRESS	1725 THE FAIRWAY		STREET ADDRESS		
CITY-ST-ZIP	JENKINTOWN, PA 19046		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATEY, EDWARD J JR		NAME		
STREET ADDRESS	1725 THE FAIRWAY		STREET ADDRESS		
CITY-ST-ZIP	JENKINTOWN, PA 19046		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, SONYA A		NAME		
STREET ADDRESS	1725 THE FAIRWAY		STREET ADDRESS		
CITY-ST-ZIP	JENKINTOWN, PA 19046		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *E. M. Matey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/26/2006 215-887-2280  
 Date Daytime Phone #

By: First States Group, LLC - general partner of manager