## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000031286

1. Entity Name

Principal Place of Business

JENKINTOWN, PA 19046

SIGNATURE:

610 OLD YORK RD STE 300

FIRST STATES INVESTORS 3004, LLC



Mailing Address

610 OLD YORK RD STE 300 JENKINTOWN, PA 19046

## FILED Jun 08, 2007 8:00 am Secretary of State

06-08-2007 90223 011 \*\*\*\*50.00

TOOTOBL



05182007 No Chg-LLC

CR2E083 (11/05)

Fee Required

215.887.2280

|      | Certificate of Status Desired | <br>\$5.00 | D Additional   |
|------|-------------------------------|------------|----------------|
|      | 46-0509583                    | [          | Not Applicable |
| 4, 1 | FEI Number                    | 1          | Applied For    |

6. Name and Address of Current Registered Agent

First States Group L.J. - Managing Member

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat      | named entity submits this statement for the purpose of chains of registered agent.  | inging its registered off | ce or registered agent, or both, in the   | State of Florida. I am familiar with, and accept  |
|-------------------------------|---|---------------------------|---|---|
| SIGNATURE_                    | Signature, typed or printed name of registered agent and title if applicable.   | (NOTE: Registered Agent   | signature required when roinstating)  | DATE  |
| Fii<br>Due I                  | ling Fee is \$50.00<br>by September 14, 2007  |                           |   |   |
| 9.                            | MANAGING MEMBERS/MANAGERS   |                           |   |   |
| TITLE                         | MGR   |                           |   |   |
| NAME                          | FIRST STATES GROUP, LP  |                           |   |   |
| STREET ADDRESS                | 610 OLD YORK STE 300  |                           |   |   |
| CITY-ST-ZIP                   | JENKINTOWN, PA 19046  |                           |   |   |
| TITLE                         |   |                           |   |   |
| NAME                          |   |                           |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP |   |                           |   |   |
|                               |   |                           |   |   |
| TITLE                         |   |                           |   |   |
| NAME<br>STREET ADDRESS        |   |                           |   |   |
| CITY-ST-ZIP                   |   |                           | DO NO   | T WRITE   |
|                               |   |                           |   |   |
| TITLE<br>NAME                 |   |                           | IN IHI  | S SPACE   |
| STREET ADDRESS                |   |                           | •   |   |
| CITY-ST-ZIP                   |   |                           |   |   |
| TITLE                         | <del></del> .   |                           |   |   |
| NAME                          |   |                           |   |   |
| STREET ADDRESS                |   |                           |   |   |
| CITY-ST-ZIP                   |   |                           |   |   |
| TITLE                         |   |                           |   |   |
| NAME                          |   |                           |   |   |
| STREET ADDRESS                |   |                           |   |   |
| CITY-ST-ZIP                   |   |                           |   |   |
| 11. I hereby of indicated     | certify that the information supplied with this filing does not on this report is true and accurate and that my signature s | qualify for the exempt    | ons contained in Chapter 119, Florida<br>all effect as if made under oath; that | a Statutes. I further certify that the information I am a managing member or manager of the |