12000031294

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100017894361

03 MAY -7 AH 9: 04

103 HAY -7 AM 9:

J. BRYAN MAY - 7 2008



ACCOUNT NO. : 072100000032

REFERENCE : 054309 4500665

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: April 17, 2003

ORDER TIME : 5:26 PM

ORDER NO. : 054309-480

CUSTOMER NO: 4500665

CUSTOMER: Ms. Erin B. Martin

Morgan, Lewis & Bockius Llp

1701 Market Street

Philadelphia, PA 19103-2921

CHANGE OF AGENT

NAME: FIRST STATES INVESTORS 3003,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams -- EXT# 1131

EXAMINER: ___

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: FIRST STATES INVESTORS 3003, LLC
2. The mailing address of the limited liability company is:
1725 The Fairway, Jenkintown, PA 19046
November 21, 2002 L02000031294
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
C T Corporation System
Name
1200 South Pine Island Road 9
Address
Plantation, FL 33324
City, State and Zip
6. The name and address of the new registered agent and/or office: Corporation Service Company Name SERVICE ORDANIA ORDANIA
Corporation Service Company
Name Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
Maureen Cullen, Authorized Representative (Printed or typed name of signce)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signiture of Registered Agent) Sylvia Queppet, Assistant Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00