## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Name	MENT # L02000031 ATES INVESTORS 77, LLC		03-17-2004 90275 018 ****50.00				
Principal Place of Business 1725 THE FAIRWAY JENKINTOWN, PA 19046		Mailing Address 1725 THE FAIRWAY JENKINTOWN, PA 19046		<b>600690</b>			
2. Principal Pl	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232004 Chg-LLC CR2E083 (10/03)			
City & State	on the second se	City & State		4. FEI Number			
Zip	Country	Zip	Country	5. Certificate of Status Desired Spee Required Fee Required			
	6. Name and Address of Current		7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	named entity submits this statement for	r the purpose of changing its	City registered office or regis	stered agent, or both, in the State o	F Florida. I ar		
the obligati	ions of registered agent.						
	Signature, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2004	and trie # applicable. (NOTE	(NOTE: Registered Agent signature required when reinstating)  Make check payable  Florida Department of			payable to	. *.
9,	MANAGING MEMBERS / MANAGERS 10		10.	ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CHTY-SI-ZIP	MGR SCHORSCH, NICHOLAS S 1725 THE FAIRWAY JENKINTOWN, PA-19046	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA BLUMENTHAL, GLENN 1725 THE FAIRWAY JENKINTOWN, PA 19046	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA Glenn Blumenthal 1725 The Fairway Jenkintown, PA 19046	,	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA CIORLEHI, WILLIAM P 1725 THE FAIRWAY JENKINTOWN, PA 19046	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA James Ratner 1725 The Fairway Jenkintown, PA 19046		☐ Change	Addition

CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBEI

Delete

☐ Delete

☐ Delete

MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

MGRA\*

Edward J. Matey Jr.

1725 The Fairway

Jenkintown, PA 19046

MGRA Sonya A. Huffman

1725 The Fairway

Jenkintown, PA 19046

Daytime Phone #

☐ Change

Addition

Addition

Addition