

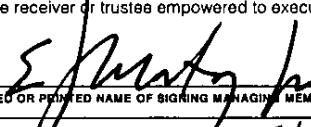


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1072

<b>DOCUMENT # L02000031297</b> 1. Entity Name <b>FIRST STATES INVESTORS 77, LLC</b>						<b>FILED</b> 2005 APR 20 PM 12:57 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1725 THE FAIRWAY JENKINTOWN, PA 19046</b>				Mailing Address <b>1725 THE FAIRWAY JENKINTOWN, PA 19046</b>			
2. Principal Place of Business		3. Mailing Address		 04142005 Chg-LLC CR2E083 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>43-1984826</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
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 _____							
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHORSCH, NICHOLAS S 1725 THE FAIRWAY JENKINTOWN, PA 19046</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100051387211</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRA BLUMENTHAL, GLENN 1725 THE FAIRWAY JENKINTOWN, PA 19046</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRA RATNER, JAMES 1725 THE FAIRWAY JENKINTOWN, PA 19046</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Manager James T. Ratner 1725 The Fairway Jenkintown, PA 19046</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRA MATEY, EDWARD J JR. 1725 THE FAIRWAY JENKINTOWN, PA 19046</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRA HUFFMAN, SONYA A 1725 THE FAIRWAY JENKINTOWN, PA 19046</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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.							
<b>SIGNATURE:</b> 				<b>4/15/2005 215-887-2280</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Edward J. Matey Jr.</b>				Date Daytime Phone #			



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032 DIVISION 1 CORPORATIONS  
TALLAHASSEE, FLORIDA  
REFERENCE : 321746 7366780

AUTHORIZATION

*Patricia Pigott*

COST LIMIT : \$ 50.00

ORDER DATE : April 19, 2005

ORDER TIME : 9:11 AM

ORDER NO. : 321746-030

CUSTOMER NO: 7366780

CUSTOMER: Shakisha Criss  
American Financial Realty  
680 Old York Road

Jenkintown, PA 19046

ANNUAL REPORT FILING

NAME: FIRST STATES INVESTORS 77, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

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