

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90353 033 ****50.00

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1. Entity Name

FIRST STATES INVESTORS 2017, LLC



Principal Place of Business

1725 THE FAIRWAY
JENKINTOWN PA 19046

Mailing Address

1725 THE FAIRWAY
JENKINTOWN PA 19046

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1983053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SCHORSCH, NICHOLAS S
STREET ADDRESS 1725 THE FAIRWAY
CITY-ST-ZIP JENKINTOWN PA 19046

TITLE MGR ☐ Delete
NAME BLUMENTHAL, GLENN
STREET ADDRESS 1725 THE FAIRWAY
CITY-ST-ZIP JENKINTOWN PA 19046

TITLE MGR ☐ Delete
NAME MATEY, EDWARD J JR.
STREET ADDRESS 1725 THE FAIRWAY
CITY-ST-ZIP JENKINTOWN PA 19046

TITLE MGR ☐ Delete
NAME HUFFMAN, SONYA A
STREET ADDRESS 1725 THE FAIRWAY
CITY-ST-ZIP JENKINTOWN PA 19046

TITLE MGR ☐ Delete
NAME RATNER, JAMES T
STREET ADDRESS 1725 THE FAIRWAY
CITY-ST-ZIP JENKINTOWN PA 19046

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Edward J. Matey Jr.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/01/2005 216-887-2280

Date

Daytime Phone #