2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State				
DOCU 1. Entity Nam			05-01-2006 90062 033 ****50.00						
FIRST STATES INVESTORS 3090, LLC									
Principal Plac	e of Business	Mailing Address	······································						
1725 THE FAIRWAY JENKINTOWN, PA 19046		1725 THE FAIRWAY Jenkintown, pa 19046					•		
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2. Principal Place of Business K Road		3. Mailing Address Old York Road		xad					
SUHE 300		5014 300			04242006	Chg-LLC	CR2E	E083 (11/05)	
City & State Ton Kintown PA		Tenkintown, PA			4. FEI Number Applied For 20-1998257 Not Applicable				
Zip	HG Country USA	zip 19046	Country SF	7	5. Certificate	of Status Desired	ı 🗆	\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New	/ Registered	f Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Address (P.O. Box Number is Not Acceptable)						
IALLANA	33EE, FE 32301-2323						•		
			City				F	Zip Cod	е
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									
0.0	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	legistered Agent signati	ure required wh	nen reinstating)		DATE		
		and title if applicable. {NOTE: F	legistered Agent signati	w beriuper en	nen reinstating)				
Fi	Sgnature, typed or printed name of registered agent of the state of th	and title if applicable. {NOTE: F	legistered Agent signati	w beriuper en	en reinstating)		ake check	payable to ment of State	9
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE		legistered Agent signati			Flori	ake check	payable to ment of State	<u></u>
Fi	iling Fee is \$50.00 ue by May 1, 2006		10.	Mana	000	ADDITION	ake check ida Departi	payable to ment of State	• Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: __

BIGHATURE AND TYPED OR PRIVIED NAME OF DISKING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATION OF THE STATES GROUP, U.C. - GEREAL POLITICE

04/26/2006

215.887.2280

Daytime Phone #