## 2006 LIMITED LIABILITY COMPANY

## May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-01-2006 90061 001 \*\*\*\*50.00 DOCUMENT # L05000099345 FIRST STATES INVESTORS 3119, LLC Principal Place of Business Mailing Address 44-7-1725 THE FAIRWAY 1725 THE FAIRWAY JENKINTOWN, PA 19046 JENKINTOWN, PA 19046 02272006 Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City 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 DATE (NOTE, Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Duệ by May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Manager First States Group. L.P Change Addition MGR Delete TITLE TITLE SCHORSCH, NICHOLAS S NAME NAME 610 Old York Road, Suite 300 1725 THE FAIRWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENKINTOWN, PA 19046 CITY-ST-ZIP Jerkintown. Ph 19046 Delete ☐ Change ☐ Addition TITLE TITLE NAME BLUMENTHAL, GLENN NAME 1725 THE FAIRWAY STREET ADDRESS STREET ADDRESS JENKINTOWN, PA 19046 CITY-ST-ZIP CITY-ST-ZIP Detete MGR ☐ Change Addition TITLE MATEY, EDWARD J JR. NAME NAME 1725 THE FAIRWAY STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP JENKINTOWN, PA 19046 CITY-ST-ZIP Delete ☐ Change Addition THUE TITLE MGR HUFFMAN, SONYA A NAME NAME STREET ADDRESS 1725 THE FAIRWAY STREET ADDRESS CITY-ST-ZIP JENKINTOWN, PA 19046 CITY-ST-7IP Delete TITLE Change Addition MGR TITLE NETTINA, DAVID J NAME NAME STREET ADDRESS 1725 THE FAIRWAY STREET ADDRESS CITY-ST-ZIP JENKINTOWN, PA 19046 CITY-ST-ZIP TILE ☐ Change ☐ Addition IIILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-S7-ZIP CITY-ST-ZP 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

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

SIGNATURE: