2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

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DOCUMENT # L05000099354 1. Entity Name FIRST STATES INVESTORS 3223, LLC					05-03-2006 90024 018 ****50.00					
Principal Place of Business 1725 THE FAIRWAY JENKINTOWN, PA 19046		Mailing Address 1725 THE FAIRWAY JENKINTOWN, PA 19046			60035083					
2. Principal Place of Business Road		3. Mailing Address Old York Road		had						
Suite, Apt, # etc. 300		Suite, Apt. #, etc. 300		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	02272006	Chg-LLC	CR2E	083 (11/05)		
Senkintown, PA		City & State Lintown, PA			4. FEI Numb	5.361	1811		plied For t Applicable	
^{Zip} 190	46 Country SA	zip 190460 (Country US	5A		of Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New	Registered	Agent		
				Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street A	Street Address (P.O. Box Number is Not Acceptable)						
171227111710	3022, 12 32301 2323									
			City	FL Zip Code						
	named entity submits this statement for ions of registered agent.	r the purpose of changing its reg	istered office or	r registere	ed agent, or bo	th, in the State of F	iorida. I am	familiar with,	and accept	
SIGNATURE .										
BIOTATIONE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE, Re	gistered Agent signat	ure required	when reinstating)		DATE			
Fi	Signature, typed or printed name of registered agent of the second secon	and jite if applicable. (NOTE. Re	gistered Agent signat	ure required	when reinstating)		ke check ş	payable to nent of State	•	
Fi	iling Fee is \$50.00		gistered Agent signat	ure required	when reinstating)	Florid	ke check ş	ent of State	· · ·	
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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 if 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:

By: First States Group, LLC -

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

A 26/2006

215.887.2280

Daytime Phone #