

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2006 90028 043 \*\*\*\*50.00

**DOCUMENT # L05000099431**

1. Entity Name  
**FIRST STATES INVESTORS 3160, LLC**



Principal Place of Business  
**1725 THE FAIRWAY  
JENKINTOWN, PA 19046**

Mailing Address  
**1725 THE FAIRWAY  
JENKINTOWN, PA 19046**

**60035258**



2. Principal Place of Business

**610 Old York Road**

3. Mailing Address

**610 Old York Road**

Suite, Apt. #, etc.

**Suite 300**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Jenkintown, PA**

City & State

**Jenkintown, PA**

Zip

**19046**

Country

**USA**

Zip

**19046**

Country

**USA**

02272006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**20-3611506**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional

Fee Required

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	SCHORSCH, NICHOLAS S	
STREET ADDRESS	1725 THE FAIRWAY	
CITY-ST-ZIP	JENKINTOWN, PA 19046	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BLUMENTHAL, GLENN	
STREET ADDRESS	1725 THE FAIRWAY	
CITY-ST-ZIP	JENKINTOWN, PA 19046	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	MAETY, EDWARD J JR.	
STREET ADDRESS	1725 THE FAIRWAY	
CITY-ST-ZIP	JENKINTOWN, PA 19046	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	HUFFMAN, SONYA A	
STREET ADDRESS	1725 THE FAIRWAY	
CITY-ST-ZIP	JENKINTOWN, PA 19046	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	NETTINA, DAVID J	
STREET ADDRESS	1725 THE FAIRWAY	
CITY-ST-ZIP	JENKINTOWN, PA 19046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	Manager	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	First States Investors DB I, L.P.	
STREET ADDRESS	610 Old York Road, Suite 300	
CITY-ST-ZIP	Jenkintown, PA 19046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:**

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

Date

Daytime Phone #

By: First States Investors DB I GP, LLC -  
general partner of manager

**04/26/2006 215/887-2280**