## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 20, 2007 8:00 am Secretary of State

| DOCUMENT # L05000099433  1. Entity Name FIRST STATES INVESTORS 3221, LLC   |   |   |   |  |                     | 02-20-2007                      | 90369 037 ***                                      | *50.00                                       |  |
|--|---|---|---|--|---------------------|---------------------------------|--|--|--|
| Principal Place of Business<br>1725 THE FAIRWAY<br>JENKINTOWN, PA 19046  |   | Mailing Address<br>1725 THE FAIRWAY<br>JENKINTOWN, PA 19046 |   |  | <u> </u>            |                                 | _  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address OIO OIO YOYK Rd , Suite, Apr. #, etc.    |   | Rd.  | 1232007             |                                 | GD25002 (40/00                                     |  |  |
| SUHE 300   |   | SUHE 300  |   |  | FEI Number          | Chg-LLC                         | CR2E083 (12/06                                     | Applied For                                  |  |
| Jen  | Country 100   | JUNKINHON   | Un, VA  | <del>\</del>                                       | 20-3611             | 745                             |  | Vot Applicable                               |  |
| 24190  | HU USH  | 14046   | Country U   | <u> </u>   |                     | of Status Desired               | S5.00 A  |  |  |
|  | 6. Name and Address of Current F  | Registered Agent  | Name  | 7,   | Name and A          | Address of New Re               | gistered Agent                                     |  |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525  |   |   | Street A  | Street Address (P.O. Box Number is Not Acceptable) |                     |                                 |  |  |  |
|  |   |   | City  |  |                     |                                 | FL Zip Co  | de   |  |
| 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 life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |   |   |  |                     |                                 |  |  |  |
| Signature, typed of printed name of registered agent and see it appricable. (In U.E.: helpsaired w   |   |   |   | tore required when                                 |                     |                                 | , ,  | <del></del> .                                |  |
|  |   | 1   |   |  |                     |                                 |  |  |  |
| Fi<br>our Di   | iling Fee is \$50.00<br>ue by May 1, 2007<br>-  |   |   |  |                     |                                 | check payable to<br>Department of Sta              |  |  |
| 9.   | ue by May 1, 2007  MANAGING MEMBER  |   | 10.   | Menacin  | 4 Mim               | Florida ADDITIONS/C             | Department of Sta                                  | ite  |  |
| mer Di   | ue by May 1, 2007<br>-  | Delete  | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Managin<br>First Si<br>610 Old<br>Jenkint          | Fates Gr<br>Vork Ro | Florida ADDITIONS/C             | Department of Sta                                  |  |  |
| 9. THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MANAGING MEMBER MGR SCHORSCH, NICHOLAS S 1725 THE FAIRWAY JENKINTOWN, PA 19046 MGR  | Delete  | THEE NAME STREET ADDRESS CHY-ST-ZIP THILE   | First S  | Fates Gr<br>Vork Ro | ADDITIONS/O<br>her<br>oup, L.P. | Department of Sta                                  | Addition                                     |  |
| 9. THLE NAME STREET ADDRESS CITY-ST-ZIP  | MANAGING MEMBER MGR SCHORSCH, NICHOLAS S 1725 THE FAIRWAY JENKINTOWN, PA 19046  | Delete  | THE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | First S  | Fates Gr<br>Vork Ro | ADDITIONS/O<br>her<br>oup, L.P. | Department of Sta                                  | Addition                                     |  |
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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: 2/15
SIGNATURE: 2/16
By: First States Group, L. P. managing member
By: First States Group, LLC-general partner of managing member

215.887.2280 Daytime Phone #