2006 LIMITED LIABILITY COMPANY

May 03, 2006 8:00 am Secretary of State ANNUAL REPORT 05-03-2006 90024 016 ****50.00 **DOCUMENT # L05000099435** FIRST STATES INVESTORS 3225, LLC 60022000 Principal Place of Business Mailing Address 1725 THE FAIRWAY 1725 THE FAIRWAY JENKINTOWN, PA 19046 JENKINTOWN, PA 19046 3. Mailing Address 02272006 Chg-LLC CR2E083 (11/05) City & Sta Applied For 4. FEI Numbe Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Manager Addition MGR TITLE Detete TITLE First States Group, L.P. SCHORSCH, NICHOLAS S NAME NAME 610 Old York Road, Suite 300 STREET ADDRESS 1725 THE FAIRWAY STREET ADDRESS Jenkintown, PA 19046 CITY-ST-ZIP CITY-ST-ZIP JENKINTOWN, PA 19046 Delete Change TETS F ☐ Addition TITLE BLUMENTHAL, GLENN NAME NAME STREET ADDRESS 1725 THE FAIRWAY STREET ADDRESS JENKINTOWN, PA 19046 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME MATEY, EDWARD J JR. NAME 1725 THE FAIRWAY STREET ADDRESS STREET ADDRESS JENKINTOWN, PA 19046 CITY-ST-ZIP CITY-ST-ZIP Delete Addition П Спалое TITLE MGR TITLE HUFFMAN, SONYA A NAME NAME 1725 THE FAIRWAY STREET ADDRESS STREET ADDRESS JENKINTOWN, PA 19046 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE MGR NETTINA, DAVID J NAME NAME STREET ADDRESS 1725 THE FAIRWAY STREET ADDRESS CITY-ST-ZIP JENKINTOWN, PA 19046 CITY-ST-ZIP TITLE Change Addition: TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 seceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

215 -887-2280

Daytime Phone

By: First States Group, LLC general partner of manager

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

SIGNATURE: