


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-20-2007 90369 040 ****50.00

DOCUMENT # L06000023001 1. Entity Name FIRST STATES INVESTORS 3262, LLC																																																																																																																													
Principal Place of Business 1725 THE FAIRWAY JENKINTOWN, PA 19046			Mailing Address 1725 THE FAIRWAY JENKINTOWN, PA 19046																																																																																																																										
2. Principal Place of Business - No P.O. Box # 610 Old York Rd.		3. Mailing Address 610 Old York Road																																																																																																																											
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300																																																																																																																											
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Zip 19046		Country USA		4. FEI Number 20-4428228																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHORSCH, NICHOLAS S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1725 THE FAIRWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JENKINTOWN, PA 19046</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLUMENTHAL, GLENN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1725 THE FAIRWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JENKINTOWN, PA 19046</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MATEY, EDWARD J JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1725 THE FAIRWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JENKINTOWN, PA 19046</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUFFMAN, SONYA A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1725 THE FAIRWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JENKINTOWN, PA 19046</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NETTINA, DAVID J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1725 THE FAIRWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JENKINTOWN, PA 19046</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Managing member</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>First States Group, L.P.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>610 Old York Rd., Ste. 300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jenkintown, PA 19046</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						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	MATEY, 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			TITLE	Managing member	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	First States Group, L.P.		STREET ADDRESS	610 Old York Rd., Ste. 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		
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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 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: <u>E. Matey</u> 02/15/2007 215-887-2280 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																																													

By: First States Group, L.P. - managing member
 By: First States Group, LLC - general partner of managing member