


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90019 005 \*\*\*138.75

**DOCUMENT # L06000112582**

1. Entity Name  
**FIRST STATES INVESTORS 3630, LLC**



Principal Place of Business  
**610 OLD YORK ROAD, SUITE 300  
 JENKINTOWN, PA 19046**

Mailing Address  
**610 OLD YORK ROAD, SUITE 300  
 JENKINTOWN, PA 19046**

2. Principal Place of Business - No P.O. Box #  
 Suite Apt # ---

3. Mailing Address

**420 Lexington Avenue, 19th Floor  
 New York, NY 10170**

**- 680 Old York Road  
 Jenkintown, PA 19046**

04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5941068**

Applied For  
 Not Applicable

Zip Country Zip Country

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.

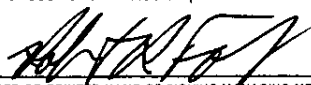
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FIRST STATES GROUP, L.P. 610 OLD YORK ROAD, SUITE 300 JENKINTOWN, PA 19046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	420 Lexington Avenue, 19th Floor New York, NY 10170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **4/28/2008** **215-887-2280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Robert R. Foley, Authorized Representative*