

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-01-2008 90019 050 ***138.75

DOCUMENT # L06000112828

1. Entity Name
FIRST STATES INVESTORS 3635, LLC



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

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

60030120



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

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
20-5941466

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

**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 JENKINTOWN, SUITE 300
JENKINTOWN, PA 19046** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**420 Lexington Avenue, 19th Floor
New York, NY 10170** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 #

Robert Foley Authorized Representative

4/28/2008 215.887.2280