## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000112832 03-23-2007 90172 048 \*\*\*\*50.00 1. Entity Name FIRST STATES INVESTORS 3629, LLC Principal Place of Business Mailing Address 610 OLD YORK ROAD, SUITE 300 610 OLD YORK ROAD, SUITE 300 JENKINTOWN, PA 19046 JENKINTOWN, PA 19046 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262007 Chg-LLC CR2E083 (12/06) 4. EEI Number 20.5941 Applied For City & State City & State Not Applicable Zip Country Zip Country \$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 Zíp 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, typed or printed name of registered agent and tifle if applicable (NOTE: Registered Agent algorature required when reinstating) Makelcheck payable to Florida Department of State Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE Change Addition FIRST STATES GROUP, L.P. NAME NAME STREET ADDRESS 610 OLD YORK ROAD, SUITE 300 STREET ADDRESS CITY-81-ZIP JENKINTOWN, PA 19046 CITY-ST-ZIP Delete TM F Change ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. nutz SIGNATURE: MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

By: First States Group, L.P. - MGRM

By; First States Group, LLC - General Partner of MGRM

Ry: Edward I Matey Ir Executive Vice President of General Partner of MGRM

## FILED Mar 23, 2007 8:00 am Secretary of State