

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90019 020 ***138.75

DOCUMENT # M01000000538

1. Entity Name
FIRST STATES INVESTORS REALTY, LLC



Principal Place of Business
**610 OLD YORK RD STE 300
JENKINTOWN, PA 19046**

Mailing Address
**610 OLD YORK RD STE 300
JENKINTOWN, PA 19046**

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
23-3094020

Applied For
Not Applicable

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 _____ (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 **MGR** ☐ Delete
NAME **FIRST STATES GROUP LP**
STREET ADDRESS **610 OLD YORK RD STE 300**
CITY-ST-ZIP **JENKINTOWN, PA 19046**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

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

Date

Daytime Phone #

Robert R. Foley, Authorized Representative

4/28/2008 215.887.3280