

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90019 019 \*\*\*138.75

60036708



<b>DOCUMENT # M03000000695</b> 1. Entity Name <b>FIRST STATES INVESTORS 4000B, LLC</b>					
Principal Place of Business <b>610 OLD YORK RD STE 300 JENKINTOWN, PA 19046</b>			Mailing Address <b>610 OLD YORK RD STE 300 JENKINTOWN, PA 19046</b>		
2. Principal Place of Business - No P.O. Box # <b>420 Lexington Avenue, 19th Floor New York, NY 10170</b>		3. Mailing Address <b>680 Old York Road Jenkintown, PA 19046</b>		04292008    Chg-LLC    CR2E083 (12/06)	
City & State <b>City</b>		Zip <b>Country</b>		4. FEI Number <b>68-0542876</b>	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIRST STATES INVESTORS 4000A GP, LLC 610 OLD YORK RD STE 300 JENKINTOWN, PA 19046		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	420 Lexington Avenue, 19th Floor New York, NY 10170
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
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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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
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>Robert R. Foley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4/28/2008</u> Daytime Phone #: <u>215 887 2280</u>		

Robert R. Foley, Authorized Representative