2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

First States Investors 4000A, L.P. - Managing Member

LC, its General Partner

By: First States Investors 4000A GP,

Jun 15, 2007 8:00 am Secretary of State DOCUMENT # M03000000697 06-15-2007 90104 020 ****50.00 FIRST STATES INVESTORS 4000D, LLC Principal Place of Business Mailing Address 610 OLD YORK ROAD 610 OLD YORK ROAD 60051924 **SUITE 300** SUITE 300 JENKINTOWN, PA 19046 JENKINTOWN, PA 19046 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 06052007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 87-0705759 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Make check payable to Due by September 14, 2007 Florida Department of State 9. .-MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR MGRM TITLE ☐ Delete TITLE ☐ Addition FIRST STATES INVESTORS 400A GP LLC First Stakes Investors 4000A GP, LLC NAME NAME STREET ADDRESS 610 OLD YORK ROAD SUITE 300 STREET ADDRESS CITY-ST-ZIP JENKINTOWN, PA 19046 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Channe Addition NAME STREET ADDRESS STREET ADDRESS CSTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 fiability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED