

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
04 JUL 23 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M03000001389**



1. Entity Name  
**FIRST STATES INVESTORS 4000F, LLC**

Principal Place of Business  
**1725 THE FAIRWAY  
JENKINTOWN, PA 19046**

Mailing Address  
**1725 THE FAIRWAY  
JENKINTOWN, PA 19046**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**76-0731880**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHORSCH, NICHOLAS S 1725 THE FAIRWAY JENKINTOWN, PA 19046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLUMENTHAL, GLENN 1725 THE FAIRWAY JENKINTOWN, PA 19046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CIORLETTI, WILLIAM P 1725 THE FAIRWAY JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>600039532416</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Glenn Blumenthal 1725 The Fairway Jenkintown, PA 19046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR James Ratner 1725 The Fairway Jenkintown, PA 19046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Sonya A. Huffman 1725 The Fairway Jenkintown, PA 19046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Edward J. Matey Jr. 1725 The Fairway Jenkintown, PA 19046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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

**2/26/04**

Date

**215.887.2280**

Daytime Phone #



CORPORATION SERVICE COMPANY

**M030000001384**

ACCOUNT NO. : 072100000032

REFERENCE : 801152 7366780

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 50.00

ORDER DATE : July 13, 2004

ORDER TIME : 4:27 PM

ORDER NO. : 801152-005

CUSTOMER NO: 7366780

CUSTOMER: Shakisha Criss  
American Financial Realty  
680 Old York Road

Jenkintown, PA 19046

ANNUAL REPORT FILING

**RESUBMIT**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUL 23 PM 5:35

**FILED**

NAME: FIRST STATES INVESTORS 4000F,  
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#2956

EXAMINER'S INITIALS: \_\_\_\_\_