2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2008 8:00 am Secretary of State **DOCUMENT # M03000001389** 05-01-2008 90019 047 ***138.75 FIRST STATES INVESTORS 4000F, LLC Principal Place of Business Mailing Address 60036728 610 OLD YORK RD STE 300 610 OLD YORK RD STE 300 JENKINTOWN, PA 19046 JENKINTOWN, PA 19046 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 420 Lexington Avenue, 19th Floor 680 Old York Road 04292008 Chg-LLC CR2E083 (12/06) Jenkintown, PA 19046 New York, NY 10170 4. FEI Number Applied For 76-0731880 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 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 City 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 title if applicable. (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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE TITLE ☐ Delete Change Addition FIRST STATES GROUP LP NAME NAME 420 Lexington Avenue, 19th Floor 610 OLD YORK RD STE 300 STREET ADDRESS STREET ADDRESS New York, NY 10170 CITY-ST-ZIP JENKINTOWN, PA 19046 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZtP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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.

FILED

SIGNATURE:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE