

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001856

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** FIRST STATES INVESTORS 5000A, LLC

**Current Principal Place of Business:**

420 LEXINGTON AVE 19TH FL  
NEW YORK, NY 10170

**New Principal Place of Business:**

**Current Mailing Address:**

610 OLD YORK ROAD  
STE. 300  
JENKINTOWN, PA 19046

**New Mailing Address:**

**FEI Number:** 16-1671079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: COZZI, ROGER M  
Address: 420 LEXINGTON AVE 19TH FL  
City-St-Zip: NEW YORK, NY 10170

Title: PRES  
Name: O'CONNOR, TIMOTHY J  
Address: 420 LEXINGTON AVE 19TH FL  
City-St-Zip: NEW YORK, NY 10170

Title: COO  
Name: FOLEY, ROBERT R  
Address: 420 LEXINGTON AVE 19TH FL  
City-St-Zip: NEW YORK, NY 10170

Title: CFO  
Name: CLARK, JON W  
Address: 420 LEXINGTON AVE 19TH FL  
City-St-Zip: NEW YORK, NY 10170

Title: VP  
Name: MATEY, EDWARD J JR  
Address: 420 LEXINGTON AVE 19TH FL  
City-St-Zip: NEW YORK, NY 10170

Title: VP  
Name: ROTHSCHILD, ALLAN B  
Address: 420 LEXINGTON AVE 19TH FL  
City-St-Zip: NEW YORK, NY 10170

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD J. MATEY JR.

VP

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date