


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1072

DOCUMENT # M03000001858		
1. Entity Name FIRST STATES INVESTORS 5000B, LLC		

FILED

2005 APR 20 PM 12:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business 1725 THE FAIRWAY JENKINTOWN, PA 19046	Mailing Address 1725 THE FAIRWAY JENKINTOWN, PA 19046
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
16-1671081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHORACH, NICHOLAS 1725 THE FAIRWAY JENKINTOWN, PA 19046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Nicholas S. Schorsch	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	Assistant manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RATNER, JAMES 1725 THE FAIRWAY JENKINTOWN, PA 19046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant manager James T. Ratner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATEY, EDWARD J JR. 1725 THE FAIRWAY JENKINTOWN, PA 19046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUFFMAN, SONYA A 1725 THE FAIRWAY JENKINTOWN, PA 19046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant manager	<input checked="" 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	500051388005	<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

4/15/2005 215.887.2280

Date Daytime Phone #

Edward J. Matey Jr.



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 321746 7366780

AUTHORIZATION :

COST LIMIT : \$ 50.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : April 19, 2005

ORDER TIME : 9:29 AM

ORDER NO. : 321746-050

CUSTOMER NO: 7366780

CUSTOMER: Shakisha Criss
American Financial Realty
680 Old York Road

Jenkintown, PA 19046

2005 APR 20 PM 12:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: FIRST STATES INVESTORS 5000B,
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____