

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90019 046 ***138.75

DOCUMENT # M05000000480

1. Entity Name
FIRST STATES INVESTORS 5300, LLC



Principal Place of Business
**610 OLD YORKRD STE 300
JENKINTOWN, PA 19046**

Mailing Address
**610 OLD YORKRD STE 300
JENKINTOWN, PA 19046**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**420 Lexington Avenue, 19th Floor
New York, NY 10170**

**680 Old York Road
Jenkintown, PA 19046**



04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2247570

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**

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

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **FIRST STATES GROUP LP**
STREET ADDRESS **610 OLD YORK RD STE 300**
CITY-ST-ZIP **JENKINTOWN, PA 19046**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **420 Lexington Avenue, 19th Floor**
CITY-ST-ZIP **New York, NY 10170**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/2008 215-887-2280

Robert R. Foley Authorized Representative