

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90024 021 ****50.00

DOCUMENT # M05000003382

1. Entity Name
FIRST STATES MANAGEMENT, LLC



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

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

60035080



2. Principal Place of Business

610 Old York Rd

Suite, Apt. #, etc.
Ste 300

City & State
Jenkintown, PA

Zip
19046

Country
USA

3. Mailing Address

610 Old York Rd

Suite, Apt. #, etc.
Ste. 300

City & State
Jenkintown, PA

Zip
19046

Country
USA

02272006 Chg-LLC CR2E083 (11/05)

4. FEI Number

NOT APPLICABLE

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

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☒ Delete
NAME
SCHORSCH, NICHOLAS S
STREET ADDRESS
1725 THE FAIRWAY
CITY- ST- ZIP
JENKINTOWN, PA 19046

TITLE
MGR ☒ Delete
NAME
BLUMENTHAL, GLENN
STREET ADDRESS
1725 THE FAIRWAY
CITY- ST- ZIP
JENKINTOWN, PA 19046

TITLE
MGR ☒ Delete
NAME
MATEY, EDWARD J
STREET ADDRESS
1725 THE FAIRWAY
CITY- ST- ZIP
JENKINTOWN, PA 19046

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE
Manager ☒ Change ☒ Addition
NAME
First States Group, L.P.
STREET ADDRESS
610 Old York Road, Suite 300
CITY- ST- ZIP
Jenkintown, PA 19046

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 #

By: First States Group, LLC --
general partner of manager

04/26/2006 215-887-2280