


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

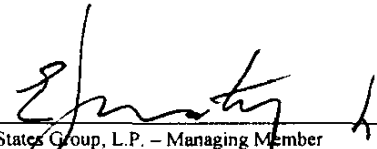
**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90056 044 \*\*\*\*50.00

<b>DOCUMENT # M05000003382</b> 1. Entity Name <b>FIRST STATES MANAGEMENT, LLC</b>					
Principal Place of Business <b>610 OLD YORK RD STE 300 JENKINTOWN, PA 19046</b>			Mailing Address <b>610 OLD YORK RD STE 300 JENKINTOWN, PA 19046</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07102007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR FIRST STATES GROUP LP 610 OLD YORK RD STE 300 JENKINTOWN, PA 19046</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:**  **8/2/2007** **215.887.2280**

First States Group, L.P. - Managing Member  
 By: First States Group, LLC - General Partner of Managing Member  
 Date Daytime Phone #