


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90018 002 ***138.75

DOCUMENT # M07000006250 1. Entity Name FIRST STATES INVESTORS BRANCH ONE GP, LLC					
Principal Place of Business 610 OLD YORK ROAD, SUITE 300 JENKINTOWN, PA 19046			Mailing Address 610 OLD YORK ROAD, SUITE 300 JENKINTOWN, PA 19046		
2. Principal Place of Business - No P.O. Box # 420 Lexington Ave		3. Mailing Address 680 Old York Road Jenkintown, PA 19046			
Suite, Apt. #, etc. 19th Floor		City & State New York, NY			
Zip 10170		Country USA		4. FEI Number 20-8919687	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM FIRST STATES GROUP, L.P. 610 OLD YORK ROAD, SUITE 300 JENKINTOWN, PA 19046 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	420 Lexington Ave., 19th Floor New York, NY 10170 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Robert R. Foley</u>			Date <u>4/28/2008</u> Daytime Phone # <u>215-887-2280</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <u>Robert R. Foley, Authorized Representative</u>					

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