

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L07000051597</b> 1. Entity Name <b>SEAGIS PLIP LLC</b>					
Principal Place of Business <b>C/O SEAGIS PROPERTY GROUP 100 FRONT STREET, SUITE 1370 WEST CONSHOHOCKEN, PA 19428</b>			Mailing Address <b>C/O SEAGIS PROPERTY GROUP 100 FRONT STREET, SUITE 1370 WEST CONSHOHOCKEN, PA 19428</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	4. FEI Number 03052008    Chg-LLC    CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPDIRECT AGENTS, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301</b>			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		U000000875364 04/11/08-80030-018 138.75 DATE			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		Make check payable to <b>Florida Department of State</b>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>BEGIER, JOHN</b> 100 FRONT STREET, SUITE 1370 WEST CONSHOHOCKEN, PA 19428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>MOYER, KENNETH</b> 100 FRONT STREET, SUITE 1370 WEST CONSHOHOCKEN, PA 19428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>LEE, CHARLES</b> 100 FRONT STREET, SUITE 1370 WEST CONSHOHOCKEN, PA 19428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>Kenneth R. Moyer</i>		Kenneth R. Moyer		3-7-08    484-530-9133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	