

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098544

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** SEAGIS DEERWOOD LLC

**Current Principal Place of Business:**

ONE TOWER BRIDGE  
100 FRONT STREET, SUITE 1370  
WEST CONSHOHOCKEN, PA 19428

**New Principal Place of Business:**

**Current Mailing Address:**

ONE TOWER BRIDGE  
100 FRONT STREET, SUITE 1370  
WEST CONSHOHOCKEN, PA 19428

**New Mailing Address:**

**FEI Number:** 20-3646614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

SEAGIS PROPERTY GROUP LP  
11340 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025 US

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.

SIGNATURE: PETER D CROVO

02/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SEAGIS PROPERTY GROUP LP  
Address: 100 FRONT STREET, SUITE 1370  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: MGR  
Name: BEGIER, JOHN B  
Address: 100 FRONT STREET, SUITE 1370  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: MGR  
Name: LEE, CHARLES C  
Address: 100 FRONT STREET, SUITE 1370  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: MGR  
Name: MOYER, KENNETH R  
Address: 100 FRONT STREET, SUITE 1370  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH R MOYER

MGR

02/23/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date