


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000039106 1. Entity Name SEAGIS CPK 1 LLC	
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Principal Place of Business C/O SEAGIS PROPERTY GROUP 100 FRONT STREET, SUITE 1370 WEST CONSHOCKEN, PA 19428	Mailing Address C/O SEAGIS PROPERTY GROUP 100 FRONT STREET, SUITE 1370 WEST CONSHOCKEN, PA 19428
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03052008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4863546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
 515 E. PARK AVENUE
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000875361
 04/11/08-80030-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEAGIS PROPERTY GROUP LP 100 FRONT STREET, SUITE 1370 WEST CONSHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEGIER, JOHN B 100 FRONT STREET, SUITE 1370 WEST CONSHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, CHARLES C 100 FRONT STREET, SUITE 1370 WEST CONSHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOYER, KENNETH R 100 FRONT STREET, SUITE 1370 WEST CONSHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Kenneth R. Moyer* Kenneth R. Moyer 3-7-08 484-530-9133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #