

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000039109

1. Entity Name
SEAGIS CPK 3 LLC



Principal Place of Business
**C/O SEAGIS PROPERTY GROUP
100 FRONT STREET, SUITE 1370
WEST CONSHOHOCKEN, PA 19428**

Mailing Address
**C/O SEAGIS PROPERTY GROUP
100 FRONT STREET, SUITE 1370
WEST CONSHOHOCKEN, PA 19428**



03052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4863885

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000875432
04/11/08-80034-004 138.75

9. MANAGING MEMBERS/MANAGERS

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

Kent 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 #