


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L06000053934 1. Entity Name SEAGIS PALMETTO 14240 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 20-5269248	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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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**

U000000875633  
04/11/08-80040-014 138.75

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 #