


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000053936
 1. Entity Name
SEAGIS HIALEAH 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

DO NOT WRITE IN THIS SPACE



03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5993103	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

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

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

U00000875644
 04/11/08-80040-018 138.75

9. MANAGING MEMBERS/MANAGERS

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

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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 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 #