


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/24/2008-90090-014-\$138.75-\$138.75

FILED
08 SEP 25 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000093209			
1. Entity Name SPG COOPER CITY 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEL Number 26-1126117		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		7. Name and Address of New Registered Agent	
CORP DIRECT AGENTS 515 EAST PARK AVENUE TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$838.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEGIER, JOHN 100 FRONT STREET, SUITE 1370 WEST CONSHOHOCKEN, PA 19428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MOYER, KENNETH 100 FRONT STREET, SUITE 1370 WEST CONSHOHOCKEN, PA 19428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEE, CHARLES 100 FRONT STREET, SUITE 1370 WEST CONSHOHOCKEN, PA 19428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: <i>Kent Moyer</i> Kenneth A. Moyer		Date: <i>3-7-08</i> 484-530-9133	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	