

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4/24/2008-90090-012-\$138.75-\$138.75

FILED

08 SEP 25 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L07000093211					
1. Entity Name SPG COOPER CITY II 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		4. FEI Number 26-1126082	
Zip	Country	Zip	Country	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 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			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 the if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEGIER, JOHN		NAME		
STREET ADDRESS	100 FRONT STREET, SUITE 1370		STREET ADDRESS		
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOYER, KENNETH		NAME		
STREET ADDRESS	100 FRONT STREET, SUITE 1370		STREET ADDRESS		
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, CHARLES		NAME		
STREET ADDRESS	100 FRONT STREET, SUITE 1370		STREET ADDRESS		
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Kenneth R. Moyer</i>			Date: 3-7-08		Dwight Phone #: 484-530-9135
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					