

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093211

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: SPG COOPER CITY II LLC

**Current Principal Place of Business:**

C/O SEAGIS PROPERTY GROUP  
100 FRONT STREET, SUITE 350  
WEST CONSHOHOCKEN, PA 19428

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SEAGIS PROPERTY GROUP  
100 FRONT STREET, SUITE 350  
WEST CONSHOHOCKEN, PA 19428

**New Mailing Address:**

FEI Number: 26-1126082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEAGIS PROPERTY GROUP LP  
11340 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

GUERTIN, RICHARD  
11340 INTERCHANGE CIRCLE NORTH  
C/O SEAGIS PROPERTY GROUP LP  
MIRAMAR, FL 33025 US

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.

SIGNATURE: RICHARD GUERTIN

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: BEGIER, JOHN  
Address: 100 FRONT STREET, SUITE 350  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: ST  
Name: MOYER, KENNETH  
Address: 100 FRONT STREET, SUITE 350  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: V  
Name: LEE, CHARLES  
Address: 100 FRONT STREET, SUITE 350  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: MGR  
Name: MCKENNA, TIMOTHY E  
Address: 100 FRONT STREET, SUITE 350  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY E MCKENNA

VP

04/27/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date