

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 20, 2009
Secretary of State**

DOCUMENT# L07000093302

Entity Name: SPG NOVA 95 LLC

Current Principal Place of Business:

C/O SEAGIS GROUP
100 FRONT STREET, SUITE 1370
WEST CONSHOHOCKEN, PA 19428

New Principal Place of Business:

Current Mailing Address:

C/O SEAGIS GROUP
100 FRONT STREET, SUITE 1370
WEST CONSHOHOCKEN, PA 19428

New Mailing Address:

FEI Number: 26-1126269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BEGIER, JOHN
Address: 100 FRONT STREET, SUITE 1370
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: ST () Delete
Name: MOYER, KENNETH
Address: 100 FRONT STREET, SUITE 1370
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: V () Delete
Name: LEE, CHARLES
Address: 100 FRONT STREET, SUITE 1370
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KENNETH MOYER

ST

03/20/2009

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