

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90072 008 ****50.00

DOCUMENT # M02000002190

1. Entity Name
SCP 2003D-58 LLC



Principal Place of Business
ONE CVS DRIVE
LEGAL DEPARTMENT
WOONSOCKET, RI 02895

Mailing Address
ONE CVS DRIVE
WOONSOCKET, RI 02895

DO NOT WRITE IN THIS SPACE



07272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
32-0031090

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER
NAME	XXX MERIDIAN XXX
STREET ADDRESS	ONE CVS DRIVE
CITY - ST - ZIP	WOONSOCKET, RI 02895
TITLE	Manager
NAME	Lester J. Rosenberg
STREET ADDRESS	55 E. Superior Street, 3rd Floor
CITY - ST - ZIP	Chicago, IL 60611
TITLE	Manager
NAME	Theodore Netzký
STREET ADDRESS	55 E. Superior St., 3rd Floor
CITY - ST - ZIP	Chicago, IL 60611
TITLE	Independent Manager
NAME	Corey W. Harrison
STREET ADDRESS	1249 N. Wolcott #1
CITY - ST - ZIP	Chicago, IL 60622
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/23/04 312/266-2000