2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# M02000000939

Entity Name: SCP 2003D-16 LLC

Current Principal Place of Business:

% RAK ENTERPRISES
758 CHARLES ST.
ROCHESTER, PA 15074

New Principal Place of Business:

Current Mailing Address:

C/O RAK ENTERPRISES
P.O. BOX 590
SEWICKLEY, PA 15143

New Mailing Address:

FEI Number: 03-0408745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: M ( ) Delete
Name: KATHARY, ROBERT A JR
Address: 758 CHARLES STREET
City-St-Zip: ROCHESTER, PA 15074

Title: M ( ) Delete
Name: MILLER, GARY L
Address: % MARCUS & SHAPIRA, 301 GRANT ST, STE 3500
City-St-Zip: PITTSBURGH, PA 15219

ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition
Name: KATHARY, ROBERT A JR
Address: 758 CHARLES STREET
City-St-Zip: ROCHESTER, PA 15074

Title: MR (X) Change ( ) Addition
Name: MILLER, GARY L
Address: % MARCUS & SHAPIRA, 301 GRANT ST, STE 3500
City-St-Zip: PITTSBURGH, PA 15219

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: ROBERT A. KATHARY MR 03/19/2009

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