


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90183 025 \*\*\*\*50.00

<b>DOCUMENT # M02000001038</b> 1. Entity Name SCP 2002E-5 LLC																													
Principal Place of Business 66 PALMER AVENUE, SUITE 43 BRONXVILLE, NY 10708			Mailing Address 66 PALMER AVENUE, SUITE 43 BRONXVILLE, NY 10708																										
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		01042005 Chg-LLC CR2E083 (10/03)																									
4. FEI Number APPLIED FOR 02-0584745				Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent FOGEL & COHEN, L.L.P. 2500 N. MILITARY TRAIL, SUITE 111 BOCA RATON, FL 33431																									
7. Name and Address of New Registered Agent Name: <u>Seth I. Cohen</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>LASALA, THOMAS E</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>66 PALMER AVENUE, SUITE 43</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRONXVILLE, NY 10708</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	LASALA, THOMAS E	<input type="checkbox"/>	STREET ADDRESS	66 PALMER AVENUE, SUITE 43		CITY-ST-ZIP	BRONXVILLE, NY 10708		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>MANAGER</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME	MANAGER	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <u>[Signature]</u> MANAGER				Date: <u>1/5/05</u> (914) 775-4600																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													