


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M02000001396
 1. Entity Name
 SCP 2004E-019 LLC



Principal Place of Business
 ONE WEBSTER'S LANDING
 SYRACUSE, NY 13202

Mailing Address
 ONE WEBSTER'S LANDING
 ATTN: CHARLES C WALLACE
 SYRACUSE, NY 13202



04012007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 48-1272570

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

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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)

Filing Fee is \$50.00
Due by May 1, 2007

1000000724363
 05/02/07-80110-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	S
NAME	NUTTING/RICE HOLDING COMPANY, LLC
STREET ADDRESS	ONE WEBSTER'S LANDING
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	MGR
NAME	NUTTING, DAVID C
STREET ADDRESS	ONE WEBSTER'S LANDING
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	MGR
NAME	WALLACE, CHARLES C JR
STREET ADDRESS	ONE WEBSTER'S LANDING
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	I
NAME	ARBOUR, ROBERT M
STREET ADDRESS	201 SANTA MONICA BLVD, SUITE 300
CITY-ST-ZIP	SANTA MONICA, CA 90401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 exemptions contained in Chapter 119, 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: David C. Nutting 4/6/07 335-471-5338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #