


**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 <input type="checkbox"/>	<b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	S NUTTING/RICE HOLDING COMPANY, LLC ONE WEBSTER'S LANDING SYRACUSE, NY 13202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUTTING, DAVID C ONE WEBSTER'S LANDING SYRACUSE, NY 13202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLACE, CHARLES C JR ONE WEBSTER'S LANDING SYRACUSE, NY 13202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I ARBOUR, ROBERT M 201 SANTA MONICA BLVD, SUITE 300 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 *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 #