


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000001396 1. Entity Name SCP 2004E-019 LLC	
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Principal Place of Business ONE WEBSTER'S LANDING SYRACUSE, NY 13202	Mailing Address ONE WEBSTER'S LANDING ATTEN: CHARLES C WALLACE SYRACUSE, NY 13202
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02212008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1272570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000927194
05/20/08-80098-006 138.75

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	

DO NOT WRITE IN THIS SPACE

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:  Charles C. Wallace **4/23/08** 35-471-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #