2008 LIMITED LIABILITY COMPANY **₹**∕.. ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000001396

SCP 2004E-019 LLC

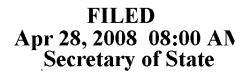


Principal Place of Business

ONE WEBSTER'S LANDING SYRACUSE, NY 13202

Mailing Address

ONE WEBSTER'S LANDING ATTEN: CHARLES C WALLACE SYRACUSE, NY 13202





02212008 No Chg-LLC

CR2E083 (12/07)

FEI Number	Applied For
48-1272570	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
Ì	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)

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

100000927194 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-SJ-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	
TITUE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MBER, OR AUTHORIZED REPRESENTATIVE

Charles C. Wallace

4/23/08

35-471-5331

Davlime Phone #