



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000001521 1. Entity Name SCP 2002E-6 LLC	
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Principal Place of Business 2700 GRAND AVENUE BELLMORE, NY 11710	Mailing Address 2700 GRAND AVENUE BELLMORE, NY 11710
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DO NOT WRITE IN THIS SPACE

	
02122008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331
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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 _____	Signature, typed or printed name of registered agent and title if applicable	DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U000000833867 02/28/08-80029-016 143.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THURMAN, HAROLD 2700 GRAND AVENUE BELLMORE, NY 11710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THURMAN, BRAD 2700 GRAND AVENUE BELLMORE, NY 11710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONSALVAS, PATRICK J 184 EAST MAIN STREET BABYLON, NY 11702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONCARDO, NICHOLAS J 538 WESTCHESTER AVE. RYE BROOK, NY 10573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALZER, WILLIAM 666 OLD COUNTRY ROAD, SUITE 900 GARDEN CITY, NY 11530
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.	
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SIGNATURE: _____	<i>mgr</i> 2/13/08	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			