

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90609 004 \*\*\*\*50.00

**DOCUMENT # M02000001894**

1. Entity Name

SCP 2002C-6 LLC



Principal Place of Business

C/O CVS CORPORATION  
ONE CVS DRIVE  
WOONSOCKET RI 02895

Mailing Address

C/O CVS CORPORATION  
ONE CVS DRIVE  
WOONSOCKET RI 02895

55032130

2. Principal Place of Business

8333 Douglas Ave  
Suite 1500

3. Mailing Address

8333 Douglas Ave  
Suite 1500

☒ CHECK HERE IF MAKING CHANGES



City & State

Dallas Tx

City & State

Dallas, Tx

4. FEI Number

Applied For

☒ Not Applicable

Zip

75225

Country

USA

Zip

75225

Country

USA

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
PHILLIPS CVS, INC.  
ONE CVS DRIVE  
WOONSOCKET RI 02895

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
Kevin P. Yancy  
8333 Douglas Ave, Suite 1500  
Dallas, Tx 75225

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
Greg England  
8333 Douglas Ave, Suite 1500  
Dallas, Tx 75225

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Independent Manager  
Thomas E. Rowell  
109 B. West Rusk, Suite 500  
Rockwall, Tx 75087

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*K. Yancy* SIGNATURE REQUIRED

4/2/03

972.361.5000

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

Date

Daytime Phone #

CR2E083 (10/02)