

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90234 012 ****50.00

DOCUMENT # M02000001897

1. Entity Name
SCP 2002C-9 LLC



Principal Place of Business

C/O KONOVER & ASSOCIATES, INC.
16 MUNSON RD., P.O. BOX 4054
FARMINGTON, CT 06034-4054

Mailing Address

P.O. BOX 4054
FARMINGTON, CT 06034



07092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0668847

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD
103 N. MERIDAN STREET
TALLAHASSEE, FL 32301

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
AINSWORTH, JAMES
P.O. BOX 4054
FARMINGTON, CT 06034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
KONOVER, MICHAEL
P.O. BOX 4054
FARMINGTON, CT 06034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
FERRUCCI, MARK A
212 MANGUM DRIVE
BEAR, DE 19701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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: _____

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

Date

Daytime Phone #

7-13-04 860-284-7227