


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG -5 AM 9:06

<b>DOCUMENT # M02000001897</b> 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		
2. Principal Place of Business % Konover 135 South Road			3. Mailing Address % Konover 135 South Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Farmington CT			City & State Farmington CT		
Zip 06032-2556			Zip 06032		
Country			Country		
4. FEI Number 02-0668847			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent  NATIONAL CORPORATE RESEARCH, LTD 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AINSWORTH, JAMES P.O. BOX 4054 FARMINGTON, CT 06034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KONOVER, MICHAEL P.O. BOX 4054 FARMINGTON, CT 06034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERRUCCI, MARK A 212 MANGUM DRIVE BEAR, DE 19701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <i>J. Ainsworth</i>			Date: 8-3-2005 Daytime Phone #: 860-284-7202		