

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90126 040 ****50.00

DOCUMENT # M02000001900

1. Entity Name
SCP 2002C-8 LLC



Principal Place of Business

**ONE CVS DRIVE
LEGAL DEPT.
WOONSOCKET RI 02895**

Mailing Address

**ONE CVS DRIVE
LEGAL DEPT.
WOONSOCKET RI 02895**

2. Principal Place of Business

elo Melohn Properties
Suite, Apt. #, etc.
1995 Broadway
City & State
NY, NY

3. Mailing Address

elo Melohn Properties
Suite, Apt. #, etc.
1995 Broadway
City & State
NY, NY



☒ CHECK HERE IF MAKING CHANGES

Zip

10023

Country

USA

Zip

10023

Country

USA

4. FEI Number

13-3873246

Applied For

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**

7. Name and Address of New Registered Agent

Name
National Corporate Research LTD, Inc.
Street Address (P.O. Box Number is Not Acceptable)
103 North Meridian Street
City
Tallahassee FL Zip Code
32301

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 **Anna Marie Cummins**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**ANNA MARIE CUMMINS
ASST. SECY.**

4/7/03

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	elo Melohn Properties, 1995 Broadway
CITY-ST-ZIP	NY NY 10023
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	Alcans Melohn Properties, 1995 Broadway
CITY-ST-ZIP	NY-NY 10023
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	Don Blumberg Properties, 1995 Broadway
CITY-ST-ZIP	NY, NY 10023
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED

4/14/03

(212) 787-2500

CR2E083 (10/02)